Investing in Early Childhood Development:

2003 Progress Report to Manitobans

Focus on Early Learning and Child Care

Healthy Child Manitoba

Manitoba

Putting children and families first

The best possible outcomes for Manitoba's children.

HEALTHY CHILD MANITOBA VISION

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105-03118/

Preface to the 2003 Progress Report

In November 2002, the Government of Manitoba released the first of a series of major progress reports on Early Childhood Development (ECD). This year's report builds on the 2002 report by providing updates on program activity (2002/03) and investments (2003/04.) Information on the well-being of Manitoba children in 1998 and 2000 is also updated, providing a better baseline for monitoring our progress in ECD over time. For those interested, the 2002 report may be viewed on the Healthy Child website at www.gov.mb.ca/healthychild.

In March 2003, Federal/Provincial/Territorial Ministers Responsible for Social Services announced the Multilateral Framework on Early Learning and Child Care (ELCC).[1] This framework builds on the foundation of the September 2000 First Ministers' ECD Agreement[1] by increasing funding to strengthen early childhood development, learning and care.

Under the framework:

- Federal/Provincial/Territorial Ministers Responsible for Social Services committed to improving access to affordable, quality, provincially-regulated early learning and child care programs.
- The Government of Canada agreed to provide $900 million in funding over five years to provinces and territories.

Through the framework, governments also committed to report annually to their citizens on progress in improving access to affordable, quality early learning and child care programs and services, beginning in 2003/04. This report begins Manitoba's commitment to annual public reporting on ELCC.

To celebrate an historic year for the early learning and care of our youngest children, this 2003 ECD progress report to Manitobans showcases our province's Child Day Care program, the centrepiece of Manitoba's growing ECD system (see puzzle diagram). This report also highlights other investments to strengthen early childhood development, learning and care in Manitoba.

[1] *While the Government of Québec supports the general principles of the Early Childhood Development (ECD) Initiative and the Early Learning and Child Care (ELCC) Initiative, it did not participate in developing these initiatives because it intends to preserve its sole responsibility on social matters. However, Québec receives its share of federal funding and the Government of Québec is making major investments toward programs and services for families and children. All references to viewpoints shared by the federal, provincial and territorial governments regarding the ECD and ELCC Initiatives do not include the viewpoints of the Government of Québec.*

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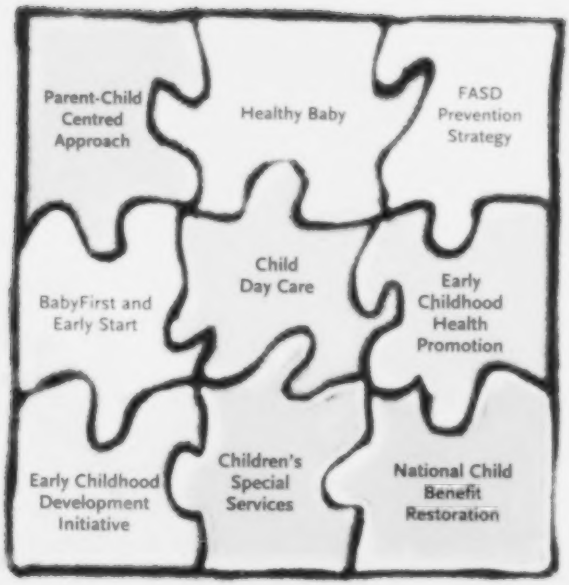

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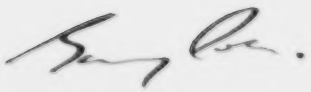
A Message from the Premier

Building for the future means starting early and starting strong. It means investing in what matters most to Manitobans. Since April 2000, the Government of Manitoba has invested an additional $50 million in its youngest children. Since April 2001, the Government of Canada has contributed $18.5 million of this new funding through the historic *First Ministers' Early Childhood Development Agreement*.

This 2003 report continues our commitment to inform Manitobans on our progress in early childhood development, which remains one of our government's highest priorities. As Premier, I am proud of the Manitobans who have been joining forces and resources in every region and community to build the early childhood system we need and that our children deserve. This report highlights Manitoba's investments in early learning and child care. These initiatives are essential to both our early childhood development strategy and our economic development strategy. For young children, learning and care go hand in hand, and we are working to build a high-quality, universal, accessible, affordable child care system in Manitoba.

Because successful development in the early years is the foundation for lifelong health and well-being, in November 2003 we appointed a new Minister of Healthy Living, the first in Canada, who is the new chairperson for the Healthy Child Committee of Cabinet. This committee will continue to lead Healthy Child Manitoba, our long-term, cross-departmental prevention strategy for putting children and families first.

Building for the future means that our youngest children are raised by caring adults and given equal opportunities to develop, start school ready to learn and grow into the leaders of tomorrow. I thank you for all of your hard work to date, and invite you to keep building for the future of Manitoba's children.



Gary Doer
PREMIER OF MANITOBA
April 2004

A Message from the Healthy Child Committee of Cabinet

The well-being of our young people is a government-wide priority. We are proud to be part of the only standing Cabinet committee in Canada that is dedicated to improving the life chances and life quality of children and youth. Nothing is more important to Manitoba's future.

Every year, government spends about a third of its total budget on children under age 18. By working together, our eight departments can ensure that these dollars make a bigger difference.

New research confirms that safe neighbourhoods, a healthy population and a well-educated, productive workforce all start in the first years of life, from the time children are conceived to the day they start school. We will continue to invest early in children's lives and sustain their success as they grow into Manitoba's future learners, workers, parents and citizens.

Today's parents work hard to balance family and work, and deserve affordable choices in caring for their children. We invite you to learn more about Manitoba's multiyear plan for child care, which is a special focus of this report. The Manitoba of the new millennium will thrive or falter on the quality of our current investments in our youngest children, and we are committed to helping Manitobans build the best system of early childhood development in Canada.

"The foundation for healthy living is built early. It's built when families, communities and governments work together to ensure that every pregnancy is a healthy one, that every baby is loved and protected and that every child is encouraged to learn and develop in his or her own way. The early years set the stage for the future."

MINISTER JIM RONDEAU
CHAIR, HEALTHY CHILD
COMMITTEE OF CABINET

Jim Rondeau
Chair, Healthy Child Committee of Cabinet
MINISTER OF HEALTHY LIVING

Oscar Lathlin
MINISTER OF ABORIGINAL AND NORTHERN AFFAIRS

Eric Robinson
MINISTER OF CULTURE, HERITAGE AND TOURISM

Peter Bjornson
MINISTER OF EDUCATION, CITIZENSHIP AND YOUTH

Christine Melnick
MINISTER OF FAMILY SERVICES AND HOUSING

Dave Chomiak
MINISTER OF HEALTH

Gord Mackintosh
MINISTER OF JUSTICE AND ATTORNEY GENERAL

Nancy Allan
MINISTER RESPONSIBLE FOR THE STATUS OF WOMEN
MINISTER OF LABOUR AND IMMIGRATION

1. Introduction: A New Generation

Today, we have a new generation of families raising young children.

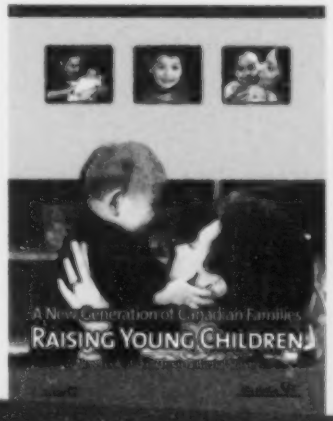
"Over the past two decades, the family environment in which young children have grown up in Canada has changed dramatically. Today, most young women complete their education and begin their careers before they have children. Babies are born into many different types of families — married couples, common-law couples, single-parent families and blended families. Many children — even in the first five years of their lives — will experience a change in their family circumstances as their parents separate or divorce, marry or remarry. Today, most young children have two parents who both hold jobs in the paid workforce because today it more often takes two earners to maintain a desirable family income. Nonetheless, more parents understand the importance of the first five years and, despite today's pressures of balancing work and family, they spend more time with their young children than parents did a decade ago."

HUMAN RESOURCES DEVELOPMENT CANADA AND HEALTHY CHILD MANITOBA, 2003

Step by step, Manitobans are working together to build the system for Early Childhood Development (ECD) that today's families need to raise the next generation of Manitobans.

Across Canada, governments are working together to improve the supports that our children need today to succeed as tomorrow's learners and leaders.

Leading economists have shown us how important our ECD investments are to the economic future of our province and our country. The engine of the 21st century economy is knowledge. Better brains and innovative ideas fuel economic growth, create jobs, increase wealth and secure our financial future.



For more information, see the 2003 report from Human Resources Development Canada and Healthy Child Manitoba (HCM), *A New Generation of Canadian Families Raising Young Children*. The report is available for free on the HCM website: http://www.gov.mb.ca/healthychild/raising_young_children_report.html

Decades of leading-edge research has shown us that the foundations of the new knowledge-based economy are built early in life, from the moment a child is conceived, through birth, infancy and the years leading to the first day at school.

Investing in early childhood development is both a social and an economic priority for Manitoba. It may be our most important priority.

Our children need us to invest in their early learning and care, so they can reach their fullest potential and grow up:

- physically and emotionally healthy
- safe and secure
- successful at learning
- socially engaged and responsible

"The real question is how to use the available funds wisely. The best evidence supports the policy prescription: Invest in the very young."

JAMES J. HECKMAN, PHD
NOBEL LAUREATE IN ECONOMIC SCIENCES 2000

"The best evidence suggests that learning begets learning. Early investments in learning are effective... In the long run, significant improvements in the skill levels of... workers, especially workers not attending college, are unlikely without substantial improvements in the arrangements that foster early learning. We cannot afford to postpone investing in children until they become adults, nor can we wait until they reach school age — a time when it may be too late to intervene. Learning is a dynamic process and is most effective when it begins at a young age and continues through adulthood."

From *Policies to Foster Human Capital* (p. 39), A keynote address by James Heckman, PhD (2000 Nobel Laureate in Economic Sciences), presented at the Aaron Wildavsky Forum, Richard and Rhoda Goldman School of Public Policy, University of California at Berkeley, April 1999.

"Second only to the immediate family, child care is the context in which early development unfolds, starting in infancy and continuing through school entry for the vast majority of young children."

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development* (p. 297). Washington, DC: National Academy Press.

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"Let me now turn briefly to the institutional organization of society for delivering effective investment in human capital through early childhood development... what is clear is this: until there is an authority charged with the specific responsibility to raise the readiness-to-learn scores of six-year-olds — and an allocated budget to do so — it is unlikely that appropriate action will be taken.

But there is a second and related issue. Even if such an authority was created (or an existing authority given the appropriate mandate), it could only function effectively by acting through, and in concert with, very local (and often informal) community groups, employers, local health authorities and other government departments. This is a tall order! Despite the many difficulties involved, however, it is important in my view that a government institution... be given the mandate and authority to organize early childhood development with a clear performance criterion — and that is to raise readiness-to-learn scores for six-year olds."

From *Human Capital, Early Childhood Development, and Economic Growth: An Economist's Perspective* (p. 9), a keynote address by David Dodge, Governor of the Bank of Canada, presented at the Sparrow Lake Alliance Annual Meeting, May 2003.

Our economy needs us to invest in children's early learning and care to ensure that:

- Manitoba has an innovative, adaptive and resilient workforce in the decades ahead
- Manitoba's parents can participate more fully in work and career, while raising Manitoba's next generation of learners, workers, parents and citizens

Research links the quality of child care that children receive to their improved growth and development over time, including:

- cognitive and language development
- school achievement (including the prevention of school failure and dropout)
- social and emotional development (including the prevention of delinquency and crime)

The success of a society is evidenced in the state of its young children's early development when starting school. It is a measure of society's success in supporting children's first years of life. It is also a forecast of that society's future as those children begin learning in school, and continue to grow into tomorrow's learners, workers, parents and citizens.

Manitobans understand the importance of investing in early learning and child care. Later in this report, you can read more about the centrepiece of Manitoba's ECD system, its Child Day Care program.

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Manitobans also believe in measuring our province's progress in Early Childhood Development.

Following an invitation from the Government of Manitoba, almost two-thirds of Manitoba's school divisions (24 of 38) volunteered and began implementing the Early Development Instrument (EDI) in February 2003.

The EDI is a population-based, community level survey that kindergarten teachers complete about all their students. The EDI is designed to a) measure the relative success of communities in facilitating healthy early childhood development, and b) predict the readiness to learn of groups of children as they enter school.

In February 2004, the number of school divisions participating in the EDI grew to 28 (out of 38 school divisions). At this rate, Manitoba will soon have a province-wide picture of its children's early development and readiness to learn when starting school.

The Government of Manitoba is proud to have the only standing committee of Cabinet dedicated to the well-being of children and youth. Part of the committee's mandate and authority is to work across government and with communities to organize Early Childhood Development in Manitoba in order to improve children's readiness to learn when starting school. The Early Development Instrument (EDI) is one important measure of this improvement.

Later in this report, you can read more about our progress to date in using the Early Development Instrument (EDI). (See page 30).

In 2000/01, there were nearly 90,000 children under six years old in Manitoba.

"What matters most is that a child is cared for throughout the day by warm and responsive caregivers, in an environment that is rich with opportunities to learn."

J. DOUGLAS WILLMS. (2002).
Research bearing on Canadian social policy. In J. D. Willms (Ed.), *Vulnerable Children: Findings from Canada's Longitudinal Survey of Children and Youth* (p. 348). Edmonton, AB: University of Alberta Press and Human Resources Development Canada-Applied Research Branch.

"... the positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science."

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE, (2000). p. 313

"All children benefit from high-quality care. Moreover, "the strongest effects of high-quality care are found for children from families with the fewest resources and under the greatest stress."

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE, (2000). p. 311

"Quality care arrangements need to be made accessible and affordable so that all children can participate, regardless of race, ethnic background, level of competence or ability to pay."

DAFNA KOHEN, CLYDE HERTZMAN, AND J. DOUGLAS WILLMS. (2002).
The importance of quality child care. In J. D. Willms (Ed.), *Vulnerable Children: Findings from Canada's Longitudinal Survey of Children and Youth* (p. 275). Edmonton, AB: University of Alberta Press and Human Resources Development Canada-Applied Research Branch.

"In short, we need a seamless, universal system of support for families, from conception to kindergarten, designed to promote learning and human development... We also need to support program evaluation, monitoring and action research at the provincial and local levels... [we need] monitoring systems to gauge the success of early childhood investments."

J. DOUGLAS WILLMS. (2002).
Research bearing on Canadian social policy. In J. D. Willms (Ed.), *Vulnerable Children: Findings from Canada's Longitudinal Survey of Children and Youth* (p. 371 and p. 375). Edmonton, AB: University of Alberta Press and Human Resources Development Canada-Applied Research Branch.

2. Central to Success:

Early Learning and Child Care

A Message from the Minister of Family Services and Housing

We know that today's children are tomorrow's parents and citizens. Our government takes seriously its obligation to build a better future for Manitobans and an important component of our plan is to invest in quality child care.

Quality child care makes a critical difference in parents' lives by giving them the opportunity to work, retrain or go to school, letting them improve their circumstances and reducing the need for other supports. Children who grow up in enriched environments show the benefits throughout the school years and their entire lives.

The licensed child care sector employs thousands of Manitobans and improves the economic health of our province. More importantly, child care professionals are dedicated to teaching and guiding today's young people and doing their part to build strong and healthy communities.

Manitoba remains committed to supporting and expanding the child care system. Through our Five-Year Plan for Child Care and together with our many partners, we will continue to work to ensure that Manitoba's children have the best possible start in life.

C. Melnick

Christine Melnick
MINISTER OF FAMILY SERVICES
AND HOUSING April 2004

What is Quality Child Care?

Quality child care supports a child's emotional, social, intellectual and physical well-being. It is provided by warm, responsive caregivers who understand child development and how children learn.

Quality child care provides children with essential opportunities to grow and learn. It promotes healthy development, safety and well-being and has many common characteristics, including:

- a small number of children with each adult
- a flexible, yet predictable daily routine with lots of opportunities for children to choose their activities
- space for quiet and active times, indoor and outdoor play
- developmentally appropriate child-focused, play-based activities that encourage children's exploration and creativity
- a variety of easily available toys and equipment, including creative art, music, science, dramatic play, reading, fine motor and large motor activities, blocks, sand, water and construction
- nutritious meals and snacks

Caregivers trained in early childhood development are key to providing quality child care. Their knowledge about children's developmental levels and needs, as well as their patience, warmth, energy, enthusiasm and commitment help create enriched experiences for children's healthy development.

"Investments in the early period of life are as important as investments in education, post-secondary education, and health care."

Reversing the Real Brain Drain: Early Years Study, Final Report
Margaret Norrie McCain & J. Fraser Mustard, April 1999

Why is Quality Child Care Important?

Quality child care helps families by ensuring positive early learning and care for their children. It also helps reduce poverty and contributes to a strong economy by enabling parents to work or go to school. Quality child care promotes children's early education and, in partnership with parents, helps our citizens of tomorrow develop to their fullest potential. All this adds up to healthy communities, a healthy society and a healthy future.

Research tells us that a child's brain is shaped dramatically during the first five years of life. That's why the right kinds of environments, activities and interactions are so important for children in their early years.

Research also shows that high-quality child care leads to improvements in important areas of child development, including:

- social competence
- language
- school readiness

Quality child care experiences can have a significant impact on how well children will do as learning continues into primary school. These experiences ultimately have a major impact on how happy and successful children will be later in life.

An Interview with a Licensed Family Child Care Provider

Turning a personal interest into a satisfying career is a common theme in many success stories so Elizabeth's career path has been well travelled.

"I love children and always wanted to work at home so I could be there for my sons when they were young," says Elizabeth. "I'd thought about starting a family child care home for years, but I had a full-time job and I didn't know if I could make it work. Then one day, due to downsizing at my work, the opportunity arose for me to pursue my daycare."

Elizabeth turned a negative into a positive by enrolling in the federal government's Self Employment Assistance Program (SEAP) where she learned the basics about starting her own business, paving the way for her new career as a licensed family child care provider.

She says her SEAP training helped give her a better appreciation for the business side of family child care, a key operational aspect that some people don't always recognize. Elizabeth says licensed family child care providers "are not just babysitters" but also require a considerable degree of professionalism and a solid understanding of children's development. Quality child care is key, of course, but the business must also be well organized and sensitive to families' needs to ensure its longevity.

Elizabeth first opened her licensed family child care home eight years ago. She is licensed to care for eight children, but of these eight, no more than five can be preschoolers, and no more than three can be under the age of two.

As a family child care provider, Elizabeth has provided care to a number of children with special needs. She says the assistance provided by the province, through programs such as the Children's Special Services program is very helpful to both children and families. She notes that regular on-site visits from health care professionals and therapists help nurture early childhood development and serve to connect families with valuable supports such as child development services, speech and occupational therapy.

Elizabeth says providing these services to children while they are in the child care setting saves working parents time and effort in arranging and accommodating appointments themselves. Best of all, she notes, children get the help they need to reach their full potential.

Elizabeth's family child care home provides early childhood education through books and art, free play space and even field trips that the children truly enjoy. She notes that simple excursions, like a transit bus ride to the library, can be a rare treat for a child who's never been on the bus before. Field trips are not only stimulating for the children, but help offset a feeling of social isolation that can befall home-based workers.

"Family child care can be isolating, if you let it, especially in the winter months. I started connecting with other family child care providers via e-mail, phone, committees and volunteer work," says Elizabeth. "We have developed quite a network for ourselves where we can share ideas and concerns with others who understand the daily challenges of operating a family child care home."

Elizabeth says the introduction of the province's Five-Year Plan for Child Care was "very exciting" and a "definite step in the right direction." She says she is optimistic that the provincial government will follow through on its promise of a 10 per cent increase in the incomes of family child care providers by 2007, as stated in the plan.

"You can't do this kind of work unless you love it," she says. "It's a lot of fun but it can also be challenging. Providing family child care allows me to be home for my family while also watching young children grow and develop. That's very satisfying."

What is Licensed Child Care?

The Manitoba government sets standards that licensed facilities are required to meet. Licensing staff monitor the facilities and provide resources that help support and enhance quality early learning and child care for Manitobans. Licensed child care is provided in various settings, including child care centres, nursery schools and licensed family child care homes.

What the Child Day Care Program Does to Support Quality Child Care

The Manitoba Child Day Care program oversees the operation of licensed child care in the province and is committed to accessible, affordable, quality child care for children aged 12 weeks to 12 years. A range of valuable services and initiatives support these goals.

Supporting Affordability

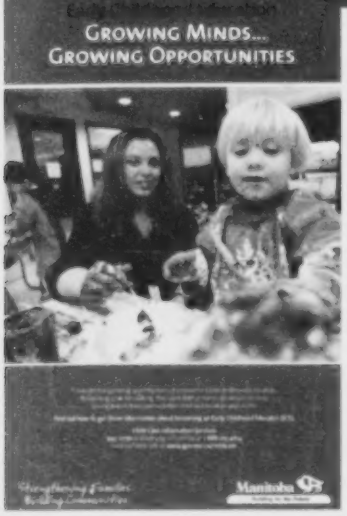
- Manitoba Child Day Care provides subsidies to eligible families to help pay child care fees. For families that apply and qualify, the program pays part of the child care fees to the child care facility and the family pays the rest. The amount that families pay depends on financial need. Parents must show they require care because they have a job, are looking for a job, are in school or a training program, or have certain special or medical needs.
- Manitoba Child Day Care also supports eligible child care facilities through grants and program assistance. This helps keep the cost of child care affordable for families.

"High quality early childhood care and education has long-lasting effects on a child's social, intellectual and emotional development, regardless of socioeconomic background or mother's workforce participation."

The Benefits and Cost of Good Child Care,
Gordon Cleveland & Michael Krashinsky, 1998

Supporting Quality

- Caregivers are key to providing quality and positive early learning and care experiences for children. Specific post-secondary training (for example, an approved two-year diploma in early childhood education) helps caregivers understand children's development. This knowledge helps them plan appropriate environments and activities for children to help them reach their full potential. Manitoba's Child Day Care program regulates the number of trained early childhood educators required to work in centres and nursery schools and classifies all child care assistants and early childhood educators.



- Manitoba Child Day Care has begun a public education and recruitment campaign to attract more students to the rewarding and stimulating field of early childhood education. The campaign's theme is "GROWING MINDS... GROWING OPPORTUNITIES."

- In addition to attracting new people to study and work in the field of early learning and care, Manitoba has also expanded training options for individuals already working in licensed centres and homes. While continuing to work, child care assistants can access the kind of training best suited to their needs. Options include distance education, competency-based training and workplace training. All enable individuals to continue working as they pursue approved post-secondary training in early childhood education.

  For example, Manitoba Child Day Care's competency-based training programs are designed for child care assistants to upgrade to the trained early childhood educator level. Competency-based training is provided by the Manitoba Child Day Care program staff with the support of advisors who are hired on contract. The training programs involve self-assessment, portfolio development, observations, interviews and participation in a final assessment meeting.

- Workplace training is a new option leading to the trained early childhood educator level. It is being embraced by all four of Manitoba's colleges. Typically, child care assistants work three days a week and attend college two days a week.

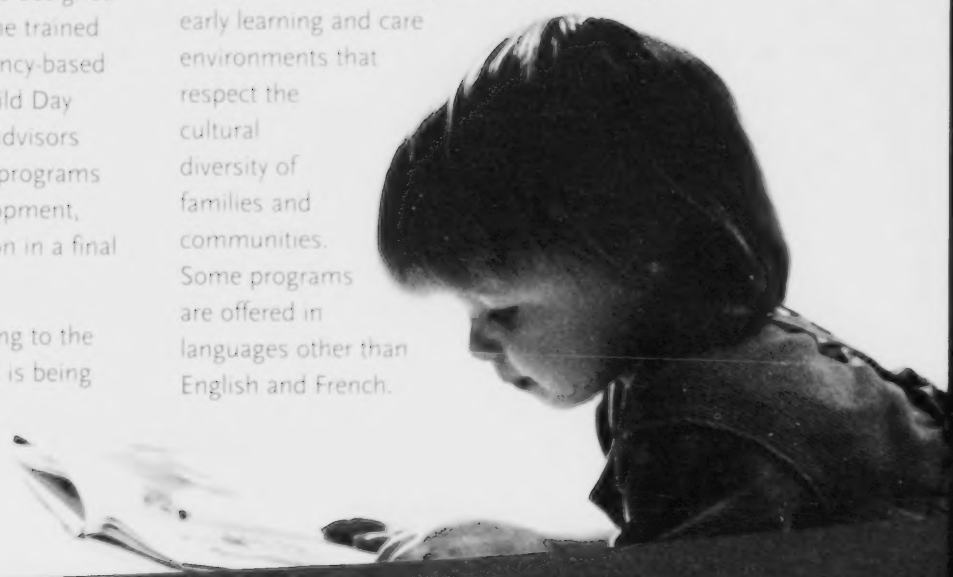
- Manitoba is now also providing a training grant for family child care home providers and child care assistants working in centres. The grant is a first step in assisting those in the field currently working in licensed child care and pursuing post-secondary training in early childhood education.

Supporting Accessibility

- **Inclusive Child Care**
  Manitoba's Children with Disabilities program assists parents of children with physical disabilities, developmental delays or emotional and/or behavioural problems by supporting their child's placement and integration in child care settings, including child care centres, family child care homes and nursery schools. Parents and child care staff are involved as team members.

  In 2002/03, over 1,250 children were supported under the Children with Disabilities program, which provides support and grants to eligible child care facilities. The program offers children an opportunity to reach their developmental potential in a community environment, which fosters positive attitudes towards those with disabilities.

  Manitoba's child care system supports inclusive early learning and care environments that respect the cultural diversity of families and communities. Some programs are offered in languages other than English and French.



An Interview with a Licensed Child Care Centre Director

As the executive director of a child care centre in Winnipeg, Caryn is optimistic about the direction of child care in Manitoba and clearly pleased that she has chosen this promising career path.

"Child care is an extremely rewarding career which offers many opportunities for personal and professional growth," says Caryn. "There are a variety of job opportunities in this field that will allow people to move forward in their careers more easily. I feel very fortunate to have been in this field for so long and I'm still extremely happy in it."

Caryn says it's a continuing challenge to attract and retain quality caregivers to the profession, and notes that Manitoba's Five-Year Plan for Child Care, is a "great start" and an important step in the right direction.

Highlights of the plan include a co-ordinated recruitment program to address the need for qualified early childhood educators as well as salary increases.

"The Five-Year Plan has helped make it possible for our centre to have competitive salaries, which in turn helps the centre retain qualified staff," says Caryn. "Once qualified staff are in place, everything else seems to fall in place."

Caryn says she's pleased to see continual progress being made by the Manitoba government in addressing child care issues, especially those related to training, professional development and staffing.

She notes that there are training opportunities aplenty for child care workers including basic training and professional development via correspondence, distance education and accelerated programs to enable current staff to continue their education while still making a living.

"Training requirements are absolutely necessary to have a quality program," she says. "It is through education that we better understand child development, how to create developmentally appropriate programs and how to create a stimulating, well rounded program that offers a variety of positive experiences to meet the needs of the children in our care."

Caryn says more people need to know about the many rewards awaiting them in a child care career, especially those that go beyond the monetary.

"Being with children in itself is amazing so the fact that I get to spend most of my day with children makes me feel very fortunate," says Caryn, who has worked in child care for the past 18 years. "There is no such thing as a typical day for me — I love the spontaneity of my job as no two days are ever the same. I sometimes get the chance to see children that I had in my care 17 years ago, knowing that I played a part in shaping who they are today. That is a very satisfying, almost overwhelming, thought but it is the main reason why quality care is essential."

Child Care By the Numbers — a Picture of Licensed Child Care in Manitoba

In 2002/03, Manitoba had 1,142 licensed child care facilities (552 centres and 590 homes) with 24,777 spaces, including 20,656 centre based and 4,121 home based. The total number of available spaces increased 3.2 per cent over the previous year.

It is estimated that more than 30,000 children used these spaces. Some attended part-time licensed nursery schools. Others attended licensed child care centres or homes on a full-time or part-time basis.

Over 4,300 people work in licensed child care facilities throughout Manitoba. This includes 1,586 trained early childhood educators with diplomas or degrees in early childhood education working in centres and 73 trained family child care providers with diplomas or degrees in early childhood education working in licensed family child care homes.

"For every dollar invested in high quality child care, there is a $2 benefit to children, parents and society. Society gains significant benefits from the future effects of enhanced childhood development, economic productivity and lower cost of supports like income assistance and social services."

The Benefits and Cost of Good Child Care,
Gordon Cleveland & Michael Krashinsky, 1998

Investing in Child Care

The Government of Manitoba continues to work to improve the child care system. In the 2003/04 provincial budget, an additional $6 million was invested in child care, an 8.6 per cent increase over the previous year's budget. Since April 2000, funding for child care has increased by over 41 per cent to nearly $76 million.

The additional $6 million in 2003/04 supports Manitoba's Five-Year Plan for Child Care by providing higher operating grants to providers to help boost staff wages. It also funded more licensed spaces, provided more training, supported additional public education and recruitment to draw more people to the field, provided more subsidies for parents and more funding for children with disabilities.

An Interview with the Executive Director — Manitoba Child Care Association

As the executive director of the Manitoba Child Care Association, Pat Wege can't help but feel strongly about the importance of quality early childhood care and education.

"*Child care is everybody's business,*" says Pat. "*Everyone has a stake in the availability of quality child care, whether they know it or not, including the child, the parent, the grandparent, the employer. I really believe that when we help the kids, we help everyone.*"

She says people who do not use child care directly may not realize how important the service is to the effective functioning of a work place or to the economy as a whole. For most parents, quality child care is "absolutely fundamental" to their participation in the workforce, enabling them to contribute to the economy with the confidence that their children have reliable and consistent care.

Pat says quality child care serves a dual purpose: a safe and nurturing environment while parents work or study, combined with learning opportunities in program areas such as art, science, social studies, literature, music, movement and drama. "*Early years*

are learning years and a quality child care environment will foster social, emotional, cognitive and physical development. Because of the way the human brain develops, a child's experiences in the years prior to school entry will set the stage for overall success throughout life.

Most people who pursue child care as a career bring a blend of heart, knowledge of child development, the ability to teach using a child centred approach and a deep-rooted commitment to children and their families," she says. "That is an essential combination for the important work we do."

Pleased that the public and government continue to recognize the value of quality child care, Pat says the province's *Five-Year Plan for Child Care* is an excellent foundation for the development of this vital service in Manitoba.

"*This is the first time we've actually had a genuine plan," she says, noting the plan emphasizes quality, accessibility and affordability. "I think the effort to improve quality by enhancing the child care workforce is definitely a step in the right direction.*"

Pat says there is still progress to be made in ensuring quality child care is available to every family that needs it and she supports the continuing work of the Child Day Care Regulatory Review Committee and the efforts being made by government to encourage people to pursue careers in child care to help meet the current and anticipated demand.

"The child care workforce has come a long way in terms of professionalism," says Pat. "There are huge opportunities in early childhood education right now and I hope that more people take a good hard look at it as a career choice. Wages have improved and benefits are getting better. According to the plan, there is a commitment to create 5,000 new spaces so there are excellent career opportunities for early childhood educators, child care assistants and family child care providers."

Pat says the challenge to balance the creation of new spaces with the availability of qualified child care staff must be resolved. Another challenge to overcome is the availability of appropriate physical spaces for new centres "because you can't put a child care centre just anywhere."

As the child care community, parents and government continue to work together to meet these and other challenges, Pat is optimistic about the future of child care in Manitoba.

"We are absolutely moving in the right direction," she says. "Government has increased funding and has been good at targeting priority areas. We must continue to build on the Five-Year Plan for Child Care *until we reach a point where the majority of families can count on there being a quality child care program in their neighbourhoods ready to meet their needs."*

Early Learning and Child Care Agreement

On March 13, 2003, federal, provincial and territorial governments released the *Multilateral Framework on Early Learning and Child Care* (ELCC) to improve access to affordable, quality, regulated early learning and child care programs and services. This agreement marks the beginning of a national understanding of the value of early learning and child care and is an important step in the development of programs and services for young children and their families. (See Appendix B for the framework.) The framework builds on the September 2000 *Federal/Provincial/Territorial Early Childhood Development Agreement*.

Governments agreed to provide regular reports to their citizens to highlight the progress of early childhood development and early learning and child care programs and services. ELCC funding begins in 2003 and continues until 2008. This report describes ELCC in Manitoba in 2002/03 and provides a baseline for future reporting.

Improving the Child Day Care Program — Where We Go From Here

Manitoba is committed to improving its child care system and to making it more accessible, more affordable and of higher quality. Today, a regulated space exists for only one in eight Manitoba children under age 12. To expand the system and ensure quality early learning and child care for Manitoba children, the number of trained Early Childhood Educators must be increased. We need appropriate training options and supports, as well as fair wages, which together will help create a positive and growing future for early learning and child care in Manitoba.

Manitoba's Five-Year Plan for Child Care

Manitoba's Five-Year Plan for Child Care will continue to support and expand Manitoba's child care system by maintaining and improving quality, affordability and accessibility.

Over the course of the Plan:

- wages and incomes for service providers will increase by 10 per cent
- 450 more Early Childhood Educators will be trained
- licensed family child care providers will be encouraged to complete designated training
- 5,000 more spaces will be funded
- Manitoba's existing nursery school program for three and four-year olds will be expanded and more closely linked with other early childhood development initiatives
- subsidy income levels and allowable deductions will be adjusted so more low- and middle-income families are eligible for full- or partial-fee subsidies
- the $2.40 non-subsidized daily fee for subsidized families will be reduced
- more child care subsidies will be available to support newly created spaces

Achievements in 2002/03:

Manitoba invested an additional $2.35 million into the Child Day Care program, leading to the following achievements:

- child care worker salaries were improved
- more early childhood educators were trained
- training standards for new family child care providers were implemented
- a public education and recruitment campaign was launched to attract more students to the field
- the number of funded child care spaces was increased
- the maximum fees parents pay as part of funded programs were frozen

Creating Manitoba's Plan — A Collaboration Between Government, Stakeholders and Community

Manitoba's plan for child care is a result of ongoing consultation. In early 2001, the Child Day Care Regulatory Review Committee, whose members include parents, child care providers, training institutions, social service organizations and government prepared a report entitled A Vision for Child Care and Development in Manitoba. The vision focused on four key elements — affordability, accessibility, quality and universality; in six areas — standards/ quality of care, funding, training and professionalism, governance, integrated service delivery and public education.

The government asked the public for feedback on the vision and received an overwhelming 24,062 responses. Overall, 82 per cent fully supported the vision. Most remaining respondents agreed with the commitment to improving the child care system.

The Government of Manitoba continues to work with the Regulatory Review Committee, stakeholders such as the Manitoba Child Care Association, other governments and the community as the Five-Year Plan for Child Care is implemented to ensure better outcomes for Manitoba's children and families.

An Interview with a Parent Using Child Care

When Roberta enrolled her son in a licensed child care centre, she couldn't have known how much the experience would positively influence their lives.

"I was a single parent so I needed reliable child care so I could go to work," says Roberta. "My son went to a neighbour's home from the time he was three months to age two. When I learned of a licensed child care centre, with before and after school programs, opening in the neighbourhood school I moved him there."

Roberta says the child care centre experience was "great" for her son, a once shy boy who benefited from the increased socialization and interaction with other children and the centre's staff. He developed stronger interpersonal skills at the centre and also learned the value of respect, sharing, good manners and consideration for others.

"I think most parents want a child care environment that will reinforce some of the values or qualities they value at home," says Roberta. "In my experience, licensed child care centres are very supportive of parents in that way."

Roberta says the in-school child care centre helped prepare her son for his school years, particularly through the centre's programming and his interaction with and guidance from the centre's staff. As a preschooler, he was introduced to a variety of age-appropriate toys, equipment and activities, like reading, creative materials and small and large motor activities. Since he was already familiar with the school, students and teaching staff, Roberta says he was well prepared for kindergarten, experiencing none of the traditional first-day-of-school jitters.

Roberta's son continued to attend the centre through his elementary school years and one of his friendships continues to flourish today. Roberta also met many friends through the child care centre, including her husband.

Roberta says having a child care centre in their own neighbourhood has fostered a definite sense of community, providing a focal point where neighbours meet neighbours and all are supportive of the centre's work. One area family, contemplating a larger home, so enjoyed the centre and the local community spirit, that they chose to rebuild on their current property rather than move to another neighbourhood. Roberta believes the availability of quality child care in their community was a factor in their decision.

"I believe licensed child care can be a real advantage for a child," says Roberta. "If parents can find a really good child care centre and know their child is being educated, stimulated and nurtured, what more could they ask for?"

Inspired to support the centre that has proven so valuable to her own family, Roberta served on the centre's volunteer board of directors for nine years, an experience she highly recommends to other parents.

"My time as a board member was excellent for me," she says. "I met great people, made new friends, attended conferences and learned more about how child care centres operate and the challenges they face. It was a tremendous learning experience."

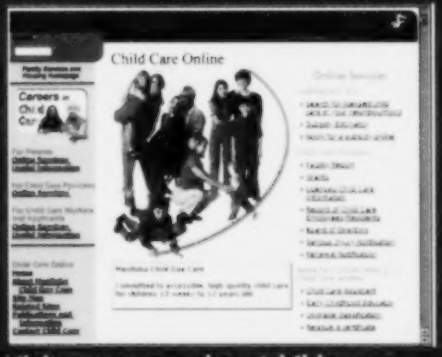
Find it Online

Manitoba Child Day Care is pleased to be able to offer many of its services online. The Child Care Online website gives parents, child care facilities and professionals a range of tools and information in a convenient and secure way.

Parents can search for licensed child care in their neighbourhood, estimate whether they are eligible for a subsidy and apply for a subsidy online. Parents can also find useful information to help in their search for licensed child care.

Child care facilities can report the attendance of subsidized and non-subsidized children, update information about the facility including vacancies, report serious injuries, report changes to board of directors membership, provide records of child care employees and apply for their operating grant. Home providers can also add and update information about people living in their homes and about staff who may be employed.

Child care workers and applicants can apply online for classification as a child care assistant or early childhood educator, upgrade their classification and apply to re-issue a certificate. Information is also available about the education requirements and steps to classification for child care assistants and early childhood educators and why a career in child care is a smart and rewarding choice.



Visit www.gov.mb.ca/childcare

Educaring:

Good Education Cares, Good Child Care Educates

In recognition of the value of strong partnerships between schools and child care facilities, Healthy Child Manitoba along with the Manitoba Association of School Trustees and the Manitoba Child Care Association have been working with community partners to promote the educaring vision:

It's not easy to be five years old and entering a kindergarten class for the first time. It's also not easy to be eight years old, finishing a long day of school and moving onto another couple of hours at the child care centre. Parents, early childhood educators, teachers and school administrators all recognize this and are working together to help children make smooth transitions. Educaring partnerships between schools and child care facilities establish relationships between those who care for and teach children in child care settings and those who care for and teach them in the school setting. By improving communications between these two systems, we can support children to be ready to learn when they enter school and ensure that they receive consistent messages and support as they move back and forth between these important components of their world.

These partnerships bring together diverse individuals and groups, including principals, teachers, school boards, centre directors, early childhood educators, child care boards and parents, to expand opportunities and improve outcomes for children families.

Educaring Vision: Child and Family First

All children, in their families, communities, schools, child care facilities, have a right to caregivers who serve the child's best interests, who collaborate and communicate to meet the child's developmental needs with co-ordinated services and consistent expectations.

Getting Information About Licensed Child Care

Child Day Care provides information to parents and interested individuals about child care services and options through the Child Care Information Services Line. It is operated during office hours (8:30 a.m. to 4:30 p.m.) at (204) 945-0776 or toll-free in Manitoba at 1-888-213-4754.

The Subsidy Information Services Line helps parents complete their application for a child care subsidy. Subsidy Information Services can be reached at (204) 945-0286 or toll-free in Manitoba at 1-888-213-4754.

Information sessions are provided to individuals and groups interested in establishing a child care centre or becoming a licensed family child care provider. Subsidy orientations are provided for new and existing child care providers and workshops are available to assist Boards of Directors of child care centres.

Information and online services continue to be added to the Child Care Online website regularly.

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3. From Conception to Kindergarten:

BabyFirst and Early Start Home Visiting in Manitoba

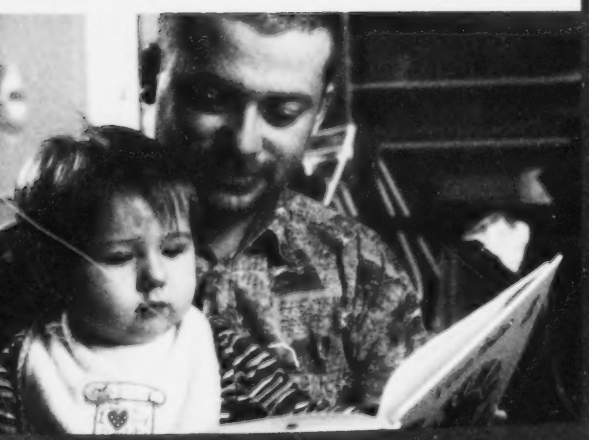
The success of BabyFirst and Early Start is directly related to the strengths of families. Self-sufficient families will raise their children to be healthy, productive adults who contribute to our prosperity and sense of community.

BabyFirst and Early Start are two community-based home visiting programs designed to support overburdened families with preschool children. The primary goals of both programs are:

- to facilitate families' abilities to ensure the physical health and safety of their children
- to enable parents to build on their strengths and to foster the development of a secure attachment with their children
- to support parents in their role of nurturing their children and providing appropriate social, physical and cognitive stimulation for their children
- to facilitate families' connections with community resources and a sense of belonging in their communities

Both programs employ paraprofessional home visitors who establish trusting, nurturing relationships with families, promote problem-solving skills and assist in strengthening the family support system. Delivered by the public health program in regional health authorities, BabyFirst is offered to eligible families prenatally or shortly after the birth of a child. Early Start is a program for families with older preschool children, offered through licensed child care facilities and in partnership with regional health authorities.

These two home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. In order to work towards a seamless delivery model, which expands access to home visiting, the province has piloted an integrated home visiting model in several regions. The strong partnership that has been developed between BabyFirst and Early Start to deliver the integrated model, has greatly enhanced early childhood home visiting services.



Building on the strengths of Manitoba's home visiting programs, BabyFirst and Early Start, the integrated model was developed to provide a continuum of support for families with children from the prenatal period to school entry.

The Central Regional Health Authority (RHA), the largest rural RHA, was one of three regions to pilot this integrated approach. Several community consultations were held to identify a common vision, and involved representatives from BabyFirst and Early Start, the child care community, school divisions and public health services. The goals of the integrated program are to enhance the provision of services across the continuum of early childhood, support greater access for families and provide seamless service delivery.

With the integration of BabyFirst and Early Start, the home visiting program has been expanded in the first year. The Central RHA now has the capacity to serve approximately 300 families throughout the region.

Strong partnerships with local child care facilities and other early childhood initiatives are an integral part of this community-based approach.

More information on the BabyFirst and EarlyStart Integrated Model can be found in the appendix, page 49.

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4. From Preschool to School: The Department of Education's Early Childhood Development Initiative (ECDI)

Traditionally, provincial education departments have viewed their role as beginning when a child enters the doorway to school for the first time. As a partner department in Healthy Child Manitoba, Manitoba Education, Citizenship and Youth (MECY) has broken this pattern with the establishment of the Early Childhood Development Initiative in April 2001. This decision to provide funds for school divisions to engage in early programming for preschoolers and parents clearly demonstrates the department's commitment to the importance of early learning as a foundation for future success and enjoyment at school.

All Manitoba school divisions are voluntarily participating in this initiative. The focus of the ECDI is preparing preschool children for successful entry into school. The ECDI supports school divisions in engaging their communities to provide services to children prior to school entry.

Partnerships with families, communities and relevant service agencies are essential to the programming and services school divisions provide. Recognizing the important role families and communities have in the early years, school divisions are demonstrating a strong commitment to working together to prepare preschoolers for successful school entry through intersectoral initiatives. Successful results are shared in provincial forums and most school divisions are choosing to participate in the Early Development Instrument (EDI) and may use EDI data to assist in measuring outcomes and ensuring wise investments.

In 2003/04, MECY invested $670,000 in the ECDI.

ne Early Childhood evelopment Initiative ontinues to benefit children, milies and communities innovative ways.

en government started to provide funding for early ldhood-related projects, we decided to augment ne of the things we were already doing in that area," s Laura Crookshanks, *administrator of Clinical vices for the Brandon School Division (BSD).*

ura says BSD used the ECDI funding in three in areas of the organization's work with area ldren and families.

've been partnering with the Elspeth Reid Family source Centre to provide a program called Early arning Canada," says Laura, *of the program veloped by teachers in the Maritimes. "This is a very cific, eight-week program for parents of children m birth to age six to help them understand the rning process itself and how they can help their ld learn."*

ura says the Elspeth Reid staff, who have a long tory of service to parents in the community, s responsible for hiring the facilitators of the rly Learning Canada program. BSD's speech- guage pathologists conduct sessions focusing speech and language development, helping to crease parents' awareness and understanding of e importance of early intervention in these key eas of child development.

was a nice tie-in for us to be able to meet with area rents to talk about such things as the different ways ldren learn and the terms used in the school stem," says Laura. *"These sessions are very activity- sed and proved to be a great partnership for us."*

ura says ECDI funds were also invested in a e-stop preventive health fair called Milestones. truly collaborative effort, Milestones developed

into a model of community co-operation and support for young children and families in Brandon and district.

A real team effort brought together a group of local professionals, including a dentist and an optometrist, who donated their time and expertise to provide free care to a large group of children who were brought to the event. More than 150 volunteers helped set up and manage the event, ushering children from one station to another measuring developmental milestones in the midst of a festive atmosphere.

Laura says ECDI funding also enabled BSD to hire a speech-language assistant to work under the direct supervision of one of the division's speech-language pathologists. The pair has concentrated their efforts on two nursery schools attended by children whom staff has identified as being in particularly high need of these important services. Working together with the nursery school staff, they have been able to identify children in need and to help address any speech and language development issues that might otherwise hinder their ability to reach their full learning potential.

"All of these programs have been very well received by teachers, parents and children in our community," says Laura. *"With the help of the ECDI funding, it has worked out very well."*

5. Measuring Readiness to Start School: The Early Development Instrument (EDI)

We have learned that children's success and happiness in school depend a great deal on how ready they were when they began kindergarten.

Children who are ready for school tend to have more success because they have good language skills, are eager to learn and bring positive attitudes and behaviours into the classroom. Giving our children their best start in school through high quality play-based early education will help them find the joy of learning that is an important part of a happy and successful life. In order to develop effective supports for early childhood development, Manitoba needs to know how well we have prepared our children for starting school.

The Early Development Instrument (EDI) provides us with some of this important information. Developed by the Offord Centre for Child Studies at McMaster University, the EDI is a population-based, community level survey that kindergarten teachers complete for all their students. The EDI helps communities look at the five areas of early childhood development that have the greatest impact on children's readiness to learn when they start school:

1. Physical Health and Well-being

- fine and gross motor development
- levels of energy
- daily preparedness for school (ex: tired, late, hungry)
- washroom independence
- established handedness (left or right)

2. Social Competence

- co-operation with and respect for other children and adults
- ability to work within the school environment
- socially appropriate behaviour during activities
- self-control, self-confidence

3. Emotional Maturity

- prosocial behaviour (ex: helping, tolerance, empathy)
- aggressive behaviour (ex: psychological, physical)
- anxiety
- hyperactivity

4. Language and Cognitive Development

- interest in books, reading, language-related activities (ex: rhyming, group reading)
- literacy skills (ability to recognize letters, read and write simple words)
- interest in simple math-related activities
- number skills (ex: ability to recognize and compare numbers, counting, sorting)

5. Communication Skills and General Knowledge

- ability to clearly communicate one's own needs and understand the needs of others
- clear articulation
- active participation in storytelling (not necessarily with good grammar and syntax)
- interest in general knowledge about the world

In 2003, the EDI was implemented in nine provinces across Canada, with over 70,000 kindergarten students participating. The EDI was implemented in 24 of the 38 school divisions throughout Manitoba, representing approximately 8,000 of the 12,000 children in kindergarten. The number of participating divisions continues to grow each year. The EDI was first offered to all school divisions in 2003.

"The tricky business of helping children to be developmentally ready for school is a community responsibility that should, as a matter of course, include the school as an integral component of each community. The EDI provides schools with a platform on which to build relationships that will strengthen the capacity of the community to provide quality experiences for young children. Positive connections between schools and families, service providers and agencies will provide significant advantages for children entering school."

Gayle Halliwell
PRINCIPAL,
RUTH HOOKER SCHOOL
SELKIRK, MANITOBA

In 2003, the EDI was implemented in 24 of the 38 school divisions throughout Manitoba, representing approximately 8,000 of the 12,000 children in kindergarten.

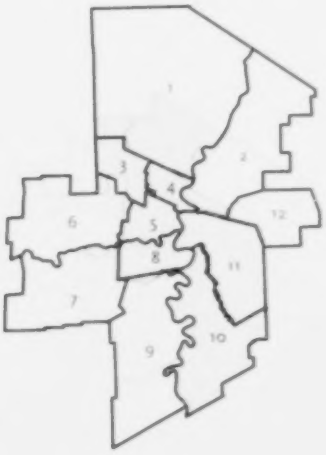
Manitoba School Divisions Participating in the February 2003 EDI

Regional Health Authorities

10 Winnipeg
15 Brandon
20 North Eastman
25 South Eastman
30 Interlake
40 Central
45 Assiniboine
60 Parkland
70 NOR-MAN
80 Burntwood
90 Churchill

Areas in purple are school divisions in Manitoba that participated in the February 2003 EDI.

Winnipeg School Divisions Participating in the February 2003 EDI

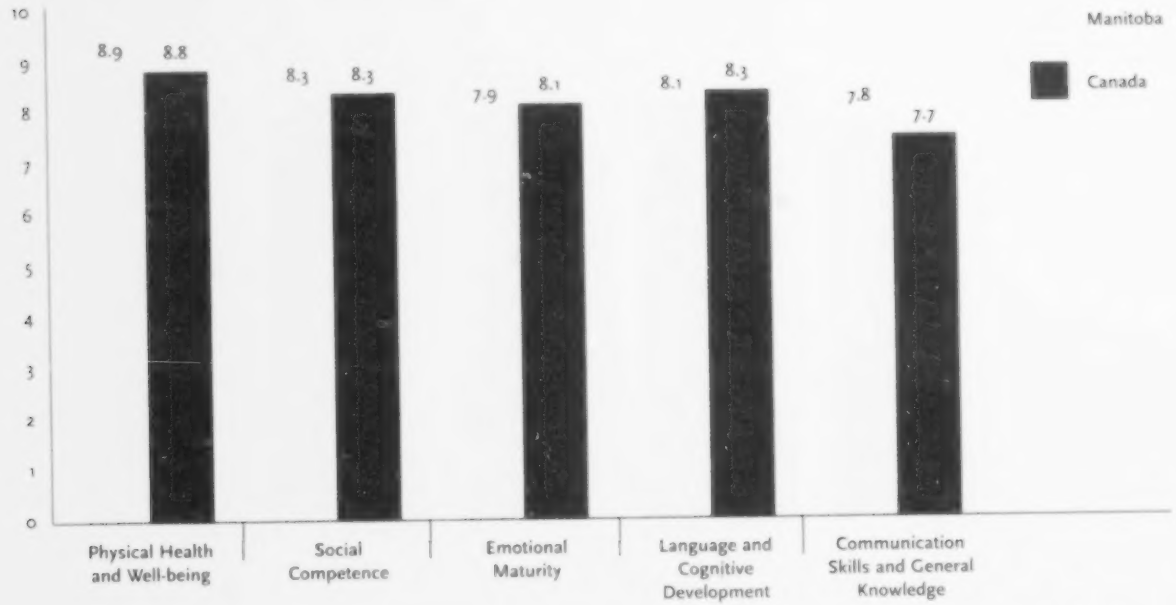


Winnipeg Community Areas:

1 Seven Oaks
2 Transcona
3 Inkster
4 Point Douglas
5 Downtown
6 St. James/Assiniboia
7 Assiniboine South
8 River Heights/ Fort Rouge
9 Fort Garry
10 St. Vital
11 St. Boniface
12 River East

Areas in green are school divisions in Winnipeg that participated in the February 2003 EDI.

EDI 2003: Average Scores for Each Area of Early Development for Manitoba and Canada



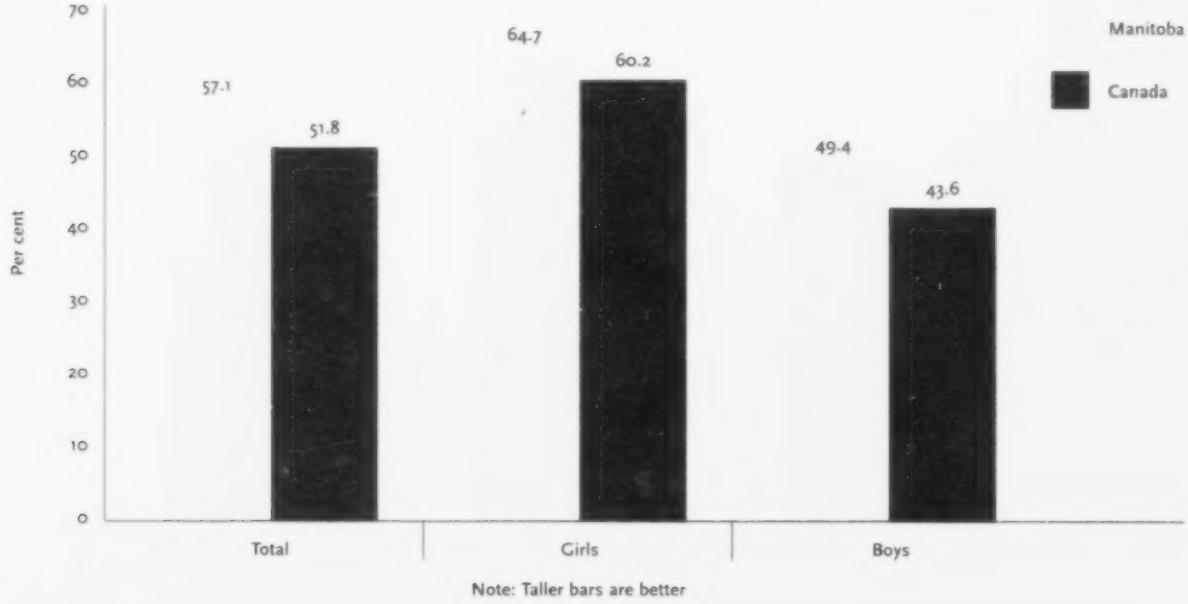
This graph shows the average scores in the five areas of development for kindergarten children in Manitoba and Canada who participated in the EDI*. The 8,000 Manitoba children have very similar average scores in all five areas of development compared to the 70,000 children in Canada.

* *Data is not necessarily representative of all children in Manitoba or Canada*

"School entry is a critical transition point at which individual differences in what young children know and can do begin to be predictive of longer-term patterns of learning and achievement. Marked inequalities in children's early learning opportunities are therefore a cause for serious concern."

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE, (2000). P. 386-387

Manitoba EDI 2003: Proportion of Children with a Very High Score in at Least One Area of Early Development



Note: Taller bars are better

This graph shows the percentage of children who had a very high score (see definition below) in at least one of the five areas of development. A higher proportion of children in Manitoba had at least one very high score compared to children in Canada who participated in the EDI (57 per cent in Manitoba vs. 52 per cent in Canada). Nearly 65 per cent of girls in Manitoba had a very high score in at least one area of development compared to 60 per cent of girls in Canada. Manitoba boys are doing better than other Canadian boys (about 49 per cent vs. 44 per cent). A much higher proportion of girls had at least one very high score compared to boys in both Manitoba (about 65 per cent vs. 49 per cent) and Canada (about 60 per cent vs. 44 per cent).

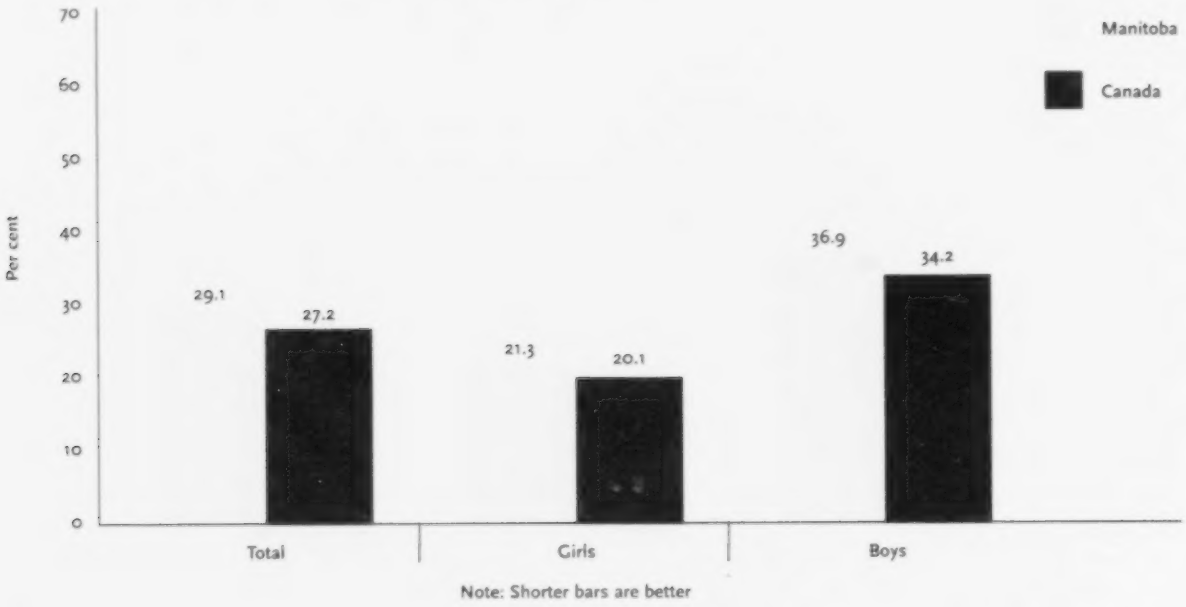
DEFINITION: Very High Score

A score that is in the top 25 per cent in an area of development is considered "very high." Scores can range from 0 to 10. An example of a very high score: In the area of physical health and well-being, 25 per cent of all Canadian children had a score between 9.6 and 10. Any child who has a score in that range for physical health and well-being is considered to have a "very high score." Children with a very high score are doing exceptionally well.

"Striking disparities in what children know and can do are evident well before they enter kindergarten."

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE, (2000). p. 386

Manitoba EDI 2003: Proportion of Children Not Ready to Learn in at Least One Area of Development



Note: Shorter bars are better

This graph shows the percentage of children who were not ready to learn when starting school. (See definition below.) A slightly higher proportion of children in Manitoba were not ready to learn (about 29 per cent) compared to all children in Canada (about 27 per cent). Far more boys were not ready to learn in both Canada (34 per cent) and Manitoba (37 per cent) compared to girls (20 per cent in Canada and 21 per cent in Manitoba).

DEFINITION: Not Ready to Learn

A very low score is in the lowest 10 per cent in an area of development. Children who have a very low score in at least one area of development are considered "not ready to learn" and are more vulnerable to having later problems in school. Scores can range from 0 to 10. Example: 10 per cent of all Canadian children had a score below 6.0 in the area of emotional maturity. Any child who has a score between 0 and 6.0 in the area of emotional maturity is considered "not ready to learn in school."

Gender Differences in Children Begin Before They Start School

On December 20, 2003, a front page headline in the *Winnipeg Free Press* reported that "Boys' lack of school success alarms educators." This was based on information about university scholarships and award statistics for students in junior high and high school. Preliminary results from the first year of collecting the EDI in Manitoba confirms extensive research showing that gender differences in school outcomes begin early. To bridge this gender gap, Manitoba must invest in early childhood and ensure equitable outcomes for boys and girls.

Remembering Dr. Dan Offord (1933 – 2004)

Canada recently lost one of its greatest champions of early childhood development. Dr. Dan Offord was called "Canada's premier child psychiatrist," and a "pioneer of evidence-based psychiatry and leader in increasing our understanding of children's mental health." But, to thousands of children, he was simply Dr. Dan.

Dr. Offord contributed immensely to the development of Canada's leading-edge research and policy on population health and the social determinants of health. He led the groundbreaking 1983 Ontario Child Health Study (OCHS) which found that about one in five Canadian children have clinically significant emotional and/or behavioural problems. Further research found that this statistic increases to one in four as teenagers become young adults.

"We realized that the burden of suffering was so high that it could never be brought under control by [treating] each child individually ... What was needed were programs for groups of children at risk and prevention strategies for all kids," said Dr. Offord.

A champion for the rights of children, Dr. Offord was also a leading authority on the positive impact of arts, sports and recreation programs on child and adolescent development.

"The poor and disadvantaged are losing out tremendously. It's not good and it's not fair. You can't have a group of children marginalized without... trouble later on. The challenge in Canada is to make sure all kids have full participation in life and that the things I value for my kids are available to all Canadian kids," said Dr. Offord. "That translates into equal access, equal participation and equitable outcomes for every child."

Dr. Offord ensured research was translated into policy and planning. He would always come back to the question: "How will the knowledge that we get here help kids, help parents help kids and help communities to help parents help kics?"

Dr. Offord contributed tremendously to the work of the Government of Manitoba. His ideas about civic communities and building the best policy mix of universal, targeted and clinical programs for children had an indelible impact on Manitoba's child-centred public policy. The Early Development Instrument (EDI), created by Dr. Offord and Dr. Magdalena Janus at McMaster University's Offord Centre for Child Studies, has been used to gauge the development of thousands of children in communities across Canada and began to be phased in across Manitoba in 2002/03.

Dr. Offord died peacefully at his Ottawa home after a battle with cancer. His wife, Margaret, said people always knew the big, imposing man who wanted to help children had a gentle soul. And that is exactly how Manitoba will remember him.

Information sources:

CAMP DIRECTOR CHAMPIONS CHILDREN AT RISK. (March/April 1999). *Canadian Pediatric Society News.*

Canadian Institutes of Health Research

DR. DAN OFFORD RECEIVES ORDER OF CANADA. [December 4, 2001, media release from Hamilton Health Sciences Corporation.]

Thompson, H. (May 1, 2004) p. F10. PSYCHIATRIST SAVED CHILDREN *Globe and Mail*

KID STUFF: DAN OFFORD'S CENTRE FOR STUDIES OF CHILDREN AT RISK TAKES YOUTH TO HEART. (Spring 1999). *McMaster Times.*

Kravitz, S. (April 13, 2004). CHILD PSYCHIATRIST DR. DAN OFFORD HELPED THOUSANDS. *Toronto Star.*

Morrison, S. (May 10, 2000). A DOCTOR'S PRESCRIPTION. *Hamilton Spectator.*

Offord Centre for Child Studies

6. Building for the Future: Improving the Health of Manitobans Through Early Childhood Development

Health is high on the list of priorities for all Canadians.

Manitobans know that health means much more than just health care. We all want the best quality health care in times of need, but we also want to foster the experiences and environments that prevent illness and create and sustain lifelong health. Manitobans believe that an ounce of prevention is worth a pound of cure. Improving health care is a top priority of the Government of Manitoba. It is also committed to reducing our need for health care, by investing in prevention and lifelong health promotion, especially during early childhood. In 2003, the Government of Manitoba appointed the first Minister of Healthy Living in Canada, dedicated to ensuring that government departments work together to make the investments in prevention that Manitobans want and need.

Manitoba's new Minister of Healthy Living is also the new Chair of the Healthy Child Committee of Cabinet. The best prevention and health promotion begins early, from conception to kindergarten. Manitobans understand that early childhood experiences have an important impact on health throughout a person's life.

"Early childhood development is key to a healthy life...The determinants of health... are especially important during the early years in a person's life, from conception to school age. Biological and developmental factors, early life experiences and exposure to various risk factors can profoundly shape adult health and development outcomes."

CANADIAN POPULATION HEALTH INITIATIVE. (2004). *Improving the Health of Canadians* (p. 152 and p. 51). Ottawa, ON: Canadian Institute of Health Information.

Manitoba's government and communities continue to work together at all levels to build the Manitoba that we all want and need: a place that puts children and families first, at the heart of public policy, at the top of the economic agenda, at the forefront of community development. Manitoba's investments in early childhood may be its most important investments in the future health of Manitobans.

In the short and the long run, Manitobans understand that investing in early childhood:

- makes good business sense
- builds resilience to meet an often uncertain future
- prevents problems before they start
- promotes lifelong wellness and health

Manitobans are building for their future by investing in early childhood development (ECD), especially early learning and child care (ELCC) programs. Together, we can continue working to make our vision a reality: The best possible outcomes for all of Manitoba's children.

APPENDIX A

Overview of Manitoba's Investments in Early Childhood Development (ECD)

ECD Action Area	Total 2003/04 Investment (1000s)	New Investments Since April 2000 (1000s)
Promoting Healthy Pregnancy, Birth and Infancy		
Healthy Baby	$ 5,107.8	$ 5,107.8
BabyFirst	5,834.5	3,463.1
FASD Prevention Strategy	704.4	302.6
Midwifery Program	3,400.0	3,400.0
Subtotal:	**$ 15,046.7**	**$ 12,273.5**
Improving Parenting and Family Supports		
Children's Special Services (1), (2)	$ 14,746.4	$ 5,077.6
National Child Benefit Supplement Restoration	6,350.0	6,350.0
Subtotal:	**$ 21,096.4**	**$ 11,427.6**
Strengthening Early Childhood Development, Learning and Care		
Child Day Care (1), (3)	$ 73,003.6	$ 21,987.9
Early Childhood Development Initiative	670.0	670.0
Early Start (4)	1,483.4	389.0
Subtotal:	**$ 75,157.0**	**$ 23,046.9**
Strengthening Community Supports		
Parent-Child Centred Approach (2)	$ 2,960.0	$ 2,960.0
Injury Reduction Campaign (1)	230.1	230.1
Subtotal:	**$ 3,190.1**	**$ 3,190.1**
Other ECD Initiatives (5)	$ 1,198.1	$ 907.7
TOTAL:	**$115,688.3**	**$ 50,845.8**

(1) Includes some programming for children over the age of six years. (2) Reflects internal transfer of Program function. (3) Reflects funding in accordance with Five-Year Plan and does not reflect restructuring in accordance with Integrated Service Delivery (ISD). (4) Includes BabyFirst/Early Start Integration. (5) Includes financial assistance to community organizations for ECD and ECD research and evaluation initiatives.

Since April 2000, the Government of Manitoba increased investments in ECD by over $50 million. Of this investment, Manitoba is pleased to acknowledge the Government of Canada's contribution of $18.5 million in 2003/04.

Appendix B

Multilateral Framework on Early Learning and Child Care (March 2003)

Introduction

In September 2000, First Ministers[1] released a communiqué on Early Childhood Development (ECD) that recognized the critical importance of the early years of life in the development and future well-being of the child. Recognizing that families play the primary role in supporting and nurturing children, they committed to improve and expand early childhood development programs, building on existing investments.

Progress has been made under the Early Childhood Development Initiative in each of the four key areas for action identified by first ministers:

- promote healthy pregnancy, birth and infancy
- improve parenting and family supports
- strengthen early childhood development, learning and care
- strengthen community supports

Governments remain committed to improving and expanding programs and services in any or all of these four key areas for action over time.

Building on this commitment, Federal/Provincial/Territorial Ministers Responsible for Social Services agree to make additional investments in the specific area of early learning and child care. Ministers recognize that quality early learning and child care programs play an important role in promoting the social, emotional, physical and cognitive development of young children.

This early learning and child care framework represents another important step in the development of early childhood development programs and services. This initiative is consistent with, and builds upon, the commitments made by First Ministers in September 2000.

Objective

The objective of this initiative is to further promote early childhood development and support the participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services.

Areas for Investment

To advance the objective set out above, ministers agree to further invest in provincially/territorially regulated early learning and child care programs for children under six. In the context of this framework, regulated programs are defined as programs that meet quality standards that are established and monitored by provincial/territorial governments.

Early learning and child care programs and services funded through this initiative will primarily provide direct care and early learning for children in settings such as child care centres, family child care homes, preschools and nursery schools. Types of investments could include capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurance and parent information and referral. Programs and services that are part of the formal school system will not be included in this initiative.

Effective Approaches

In the settings described above (on page 40), effective approaches to early learning and child care are based on the following principles.

Available and Accessible

Flexible and responsive early learning and child care options should be broadly available to promote early childhood development and to support parents to participate in employment or training. Examples of initiatives that support availability and accessibility could include increasing early learning and child care spaces, supporting extended and flexible hours of operation and parent information and referral.

Affordable

Early learning and child care services should be affordable. Governments have established mechanisms to assist parents in meeting the costs of early learning and child care. Examples of initiatives that support affordability could include enhancing fee subsidies that take into account parents' ability to pay and operational funding.

Quality

Early learning and child care should be of high quality to support optimal child development. Examples of initiatives that support high quality early learning and child care could include enhancements to training and support, child/caregiver ratios and group size, compensation, recruitment and retention, physical environment, health and safety, and learning environment.

Inclusive

Early learning and child care should be inclusive of, and responsive to, the needs of children with differing abilities; Aboriginal children; and children in various cultural and linguistic circumstances. Examples of initiatives that support inclusiveness could include special needs programming and supports, and culturally and linguistically appropriate resources and training.

Parental Choice

Early learning and child care services should provide the flexibility to respond to the varying needs and preferences of parents and children. Examples of initiatives that support parental choice could include innovative approaches to service provision in rural and remote communities, and flexible approaches that address a range of family and employment circumstances.

Working Together

Consistent with commitments made by First Ministers, governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early learning and child care. Each government will determine its priorities within this initiative. Each government agrees to publicly recognize and explain the respective roles and contributions of governments to this initiative.

Governments will continue to work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

Governments will ensure effective mechanisms for Canadians to participate in developing early learning and child care priorities and reviewing outcomes.

Funding

First Ministers agreed that investments for early childhood development should be incremental, predictable and sustained over the long term.

Federal/Provincial/Territorial Ministers Responsible for Social Services agree that support for early learning and child care is a critical investment in our children's future. Ministers agree that further investments in early learning and child care should also be incremental, predictable and sustained over the long term.

Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early learning and child care and agree on the need for flexibility to address local needs and priorities. This initiative also complements important existing federal investments for children and families.

Public Reporting

Ministers believe in the importance of being accountable to Canadians for early learning and child care programs and services. Clear public reporting will enhance accountability and will allow the public to track progress in improving access to affordable, quality early learning and child care programs and services.

In the first ministers' communique on early childhood development, governments committed to report annually to Canadians on investments and progress in the area of early childhood development. Consistent with that commitment, and with early childhood development reporting by jurisdictions, ministers commit to report annually to Canadians on their progress in improving access to affordable, quality early learning and child care programs and services.

More specifically, ministers will report annually to Canadians on all early learning and child care programs and services as defined in this framework, beginning with a baseline report for 2002/03.

Reports will include:

- descriptive and expenditure information on all early learning and child care programs and services
- indicators of availability, such as number of spaces in early learning and child care settings broken down by age of child and type of setting
- indicators of affordability, such as number of children receiving subsidies, income and social eligibility for fee subsidies, and maximum subsidy by age of child
- indicators of quality, such as training requirements, child/caregiver ratios and group size, where available

Governments commit to publicly release baseline information by the end of November 2003; annual reports will be released beginning in November 2004.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

Governments will strive to continue to improve the quality of reporting over time.

Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development. Governments recognize the importance of evaluation in determining the effectiveness and outcomes of initiatives in early learning and child care and agree to work together to develop an evaluation framework within one year of federal funding being received. Where appropriate, governments agree to pursue evaluations based on this framework, and agree to work together to share information on effective practices in early learning and child care, which may include evaluation findings.

Next Steps

Federal/Provincial/Territorial Ministers Responsible for Social Services will begin implementation as soon as possible of the commitments and priorities outlined in this framework.

1. *See footnote on page 3.*

Early Childhood Development Programs: Descriptions and Indicators

ECD Action Area:
Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Healthy Baby Program** (includes the Healthy Baby Manitoba Prenatal Benefit and Healthy Baby Community Support Programs)
LAUNCH DATE:	July 2001
TARGET POPULATION:	**Manitoba Prenatal Benefit:** Targeted (available to all pregnant women in Manitoba with net family incomes of less than $32,000) **Community Support Programs:** Universal (available to all families in Manitoba through pregnancy and child's first year)
PROGRAM DESCRIPTION:	**Healthy Baby** is a two-part program that includes the Manitoba Prenatal Benefit and Healthy Baby Community Support Programs. This initiative supports women during pregnancy and the child's infancy with financial assistance, emotional support and nutrition and health education. Community support programs are available in every region of Manitoba. The **Manitoba Prenatal Benefit** is a financial benefit to help low and moderate income women with the nutritional costs associated with pregnancy, modeled after the National Child Benefit (NCB). The benefit also acts as a mechanism to link women to community support programs. **Community support programs** are friendly, informal prenatal and postnatal wellness and nutrition outreach programs which are delivered in all 11 regional health authorities (RHAs) through community-based partners. The programs provide pregnant women and new families with practical information on prenatal development, the benefits of breastfeeding and strategies to support the healthy physical, cognitive and emotional development of children.
PROGRAM OBJECTIVES:	**Healthy Baby — Manitoba Prenatal Benefit:** • to assist women to meet their extra nutritional needs during pregnancy • to link women to community support programs **Healthy Baby — Community Support Programs:** • to promote and support the birth and development of healthy babies, with healthy birth weights

	• to reach and support pregnant women and new mothers who may be isolated or vulnerable due to low income and/or other reasons • to encourage initiation and duration of breastfeeding • to build family confidence, knowledge and awareness in the areas of nutrition, health, infant development, nurturing and problem-solving in respectful and non-judgmental ways • to encourage social connectedness of families • to establish collaborative, team and community based ways of working in the health regions • to promote effective partnerships of community based groups and regional health authorities in co-ordinating their connections and support of pregnant women and new parents
DELIVERY AGENT(S):	Healthy Child Manitoba Office (Manitoba Prenatal Benefit) and Healthy Baby community support programs in Manitoba's 11 regional health authorities
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:		
Number of clients served:	**Manitoba Prenatal Benefit:** By the end of the fiscal year (March 31, 2002), 4,622 applicants received prenatal benefits. By the end of the first full year of operation (June 30, 2002), 5,707 applicants received prenatal benefits. **Community Support Programs:** 2,000 (estimated)	**Manitoba Prenatal Benefit:** By the end of the fiscal year (March 31, 2003), 5,117 applicants applied for prenatal benefits and 4,622 received the benefit. **Community Support Programs:** It is estimated that over 3,000 pregnant women and new families attended community support programs.
Change in number of clients served since previous year:	(not applicable — program launched in July 2001)	**Manitoba Prenatal Benefit:** There were 391 fewer eligible applicants in 2002/03. **Community Support Programs:** Increase of 1,000. This increase was due to the expansion of the rural programs into new communities. Additionally, the Winnipeg programs received enhanced support from the Winnipeg Regional Health Authority.
Program capacity (number of clients):	**Manitoba Prenatal Benefit:** By the end of the fiscal year (March 31, 2002), 4,633 applicants had been approved for benefits. By the end of the first full year of operation (June 30, 2002), 5,722 applicants had been approved for benefits. **Community Support Programs:** (data under development)	**Manitoba Prenatal Benefit:** All eligible applicants received the benefit. Continuous efforts are made to advertise the prenatal benefit. **Community Support Programs:** 65 neighbourhoods/communities deliver programs in 11 regions across Manitoba for pregnant women and new families.

Per cent of program capacity used:	**Manitoba Prenatal Benefit:** 99.8% (as of March 31, 2002) 99.7% (as of June 30, 2002)	**Manitoba Prenatal Benefit:** 99.8%
	Community Support Programs: (data under development)	**Community Support Programs:** Many programs are at capacity while others are still in development. Information linking pregnancy rates and prenatal benefit recipients with program attendance is not yet available.
Change in program capacity since previous year:	**Manitoba Prenatal Benefit:** (not applicable)	**Manitoba Prenatal Benefit:** None; benefit is available to all eligible applicants.
	Community Support Programs: (not applicable)	**Community Support Programs:** First year program is available.
Total number of eligible clients:	**Manitoba Prenatal Benefit:** (same as program capacity — see above)	**Manitoba Prenatal Benefit:** (same as program capacity — see above)
	Community Support Programs: (data under development)	**Community Support Programs:** (data under development)
Per cent of eligible clients served:	**Manitoba Prenatal Benefit:** (same as program capacity — see above)	**Manitoba Prenatal Benefit:** (same as program capacity — see above)
	Community Support Programs: (data under development)	**Community Support Programs:** (data under development)
Total number of program sites:	**Manitoba Prenatal Benefit:** (not applicable)	**Manitoba Prenatal Benefit:** (not applicable)
	Community Support Programs: 65 sites across all 12 regional health authorities	**Community Support Programs:** 65 neighbourhoods/communities across all 11* regional health authorities
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

*Two of the original 12 RHAs amalgamated in 2002/03.

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	BabyFirst Program
LAUNCH DATE:	April 1998 (three-year research sites: 1998 to 2000) April 1999 (province-wide implementation)
TARGET POPULATION:	**BabyFirst** includes universal screening of all live, off-reserve births, targeted assessments of at-risk families, targeted intensive home visiting for overburdened families and universal referral to community resources and services.
PROGRAM DESCRIPTION:	**BabyFirst** is a community-based home visiting program designed to support overburdened families who have children up to three years of age. Regular visits by public health nurses are supplemented by weekly home visits from specially trained home visitors who encourage and support all family members. This may include helping solve problems and referring families to other community services.
PROGRAM OBJECTIVES:	BabyFirst Program: • to facilitate families' abilities to ensure the physical health and safety of their children • to enable parents to build on their strengths and to foster the development of a secure attachment with their children • to support parents in their role of nurturing their children and providing appropriate social, physical and cognitive stimulation for their children • to facilitate families' connections with community resources and sense of belonging in their communities
DELIVERY AGENT(S):	Public health nurses (supervision and coordination) and trained paraprofessional home visitors in all 11 regional health authorities. Funding guidelines are in place and budgets were developed and negotiated with these organizations based on birth rates and estimated at-risk populations.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	BabyFirst Program:	BabyFirst Program:
Number of clients served:	825 families in home visiting	1,114 families receiving home visiting
Change in number of clients served since previous year:	increase of 175 families	increase of 289 families
Program capacity (number of clients):	1,000 families	Up to 1,350 families

Per cent of program capacity used:	82.5%	82.5%
Change in program capacity since previous year:	increase of 160 families	increase of 350 families
Total number of eligible clients:	1,560 (estimated)	1,560 (estimated)
Per cent of eligible clients served:	52.9% (estimated)	71% (estimated)
Total number of program sites:	all 12 regional health authorities	all 11* regional health authorities
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	175 families (26.9% increase)	289 families (35% increase)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	• Increase in Home Visitor wages (35 per cent increase in salaries, home visitors joined collective bargaining unit, Home Visitor retention greatly improved) • Training of local trainers in Great Kids, Inc. Family Support WorkerMentorship Program (Manitoba no longer relies on U.S. trainer for core training and is able to customize training for Home Visitors) • Initiated advanced family assessment (Parent Survey) training for public health nurses (increased the number of assessments and decreased the amount of time needed to complete assessments) • Introduced Growing Great Kids Curriculum (GGK) — a product of GKI — and provided related training (enhanced quality of home visiting through increased focus on strengths and solutions; and increased consistency of home visiting with program goals)	• Increase in home visitor and public health nurse salaries related to collective agreements • Continued *Advanced Parent Survey* training for all public health nurses • Provided program co-ordinators/ managers with quality management training • Provided GGK Tier I Certification Training for all BabyFirst home visitors and supervisors • Trained additional trainers to deliver GGK curriculum training

Two of the original 12 RHAs amalgamated in 2002/03.

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	BabyFirst and Early Start Integrated Model
LAUNCH DATE:	April 2002: Three regions were identified to pilot the integrated model (Central, Burntwood and North Assiniboine) to provide a regional continuum of home visiting services to families with children from birth to school entry.
TARGET POPULATION:	Targeted: *The BabyFirst Parent Survey* is used as an assessment tool to identify eligible families based on referrals from public health within the regional health authorities and other community agencies.
PROGRAM DESCRIPTION:	Expanded funding was used to pilot an integrated BabyFirst and Early Start home visiting model to provide a continuum of services for families. Three regional health authorities were involved in this pilot. Partnerships with child care facilities, school divisions, parent-child coalitions and other community agencies provided local direction to these initiatives. • **Accessing Families** Home visiting services, formerly limited by strict criteria, are now available to eligible families with children aged zero to five. The existing BabyFirst universal screening and assessment process was maintained, and a referral process for older children was developed. Intake is co-ordinated through the regional health authorities. • **Amalgamating Services** Home visiting services builds on the strengths of both BabyFirst and Early Start. The screening and referral process, administration and training and supervision of home visitors is coordinated through the regional health authorities. All licensed child care facilities are able to refer eligible families, and participation in a quality child care program is an objective of the home visiting program. • **Community Networking** The service is community based with ongoing consultation to guide the implementation of the program. Community partnerships (BabyFirst, Early Start, Healthy Baby, Family Resource Centres, Child Care, etc.) provide a continuum of services to families. • **Consistent Training** All home visitors are trained in the comprehensive Growing Great Kids curriculum (GGK) which provides a strong early childhood development focus to the service. Standard training, professional development and networking opportunities are offered to all home visitors in the region. • **Integrating Supervision** Supervision is delivered at the community level by public health nurses, trained in child development, universal screening and assessment, quality assurance and strength based home visiting models.

PROGRAM OBJECTIVES:	• to facilitate families' abilities to ensure the physical health and safety of their children • to enable parents to build on their strengths and to foster the development of a secure attachment with their children • to support parents in their role of nurturing their children and providing appropriate social, physical and cognitive stimulation for their children • to facilitate families' connections with community resources and a sense of belonging in their communities
DELIVERY AGENT(S):	Public health nurses provide supervision and co-ordination, home visiting services offered through trained paraprofessionals.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	Not Applicable: Program implemented in 2002	BabyFirst/Early Start Integration:
Number of clients served:		86 families with 133 children
Change in number of clients served since previous year:		(not applicable)
Program capacity (number of clients):		165
Per cent of program capacity used:		52.1%
Change in program capacity since previous year:		(not applicable)
Total number of eligible clients:		(data not available)
Per cent of eligible clients served:		(data not available)
Total number of program sites:		3 regional health authorities
ACCESSIBILITY:		(not a focus of investment)
AFFORDABILITY:		(not applicable)
QUALITY:		(not a focus of investment)

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Fetal Alcohol Spectrum Disorder (FASD) Prevention: • Stop FAS (Fetal Alcohol Syndrome) program
LAUNCH DATE:	The pilot sites were launched in April 1998.
TARGET POPULATION:	The **Stop FAS program** is focused on women at risk of having a child with FASD (targeted) or who have previously had a child with FASD (clinical).
PROGRAM DESCRIPTION:	**Stop FAS** is a three-year mentoring program for women at risk of having a child with FASD. The critical component of Stop FAS is personal care and support provided over a long period of time to promote gradual, lasting change.
PROGRAM OBJECTIVES:	• to reduce the incidence of FAS in Manitoba • to improve the well-being of children and families in Manitoba who are facing the challenges of FAS
DELIVERY AGENT(S):	Stop FAS Program: Healthy Child Manitoba provides the four Stop FAS sites with overall program direction and is responsible for macro-level program planning. Stop FAS is delivered through four host organizations in Manitoba: the Nor'West Community Co-op Health Centre, the Aboriginal Health and Wellness Centre Inc., the NOR-MAN Regional Health Authority and the Burntwood Regional Health Authority.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet.

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	Stop FAS program:	Stop FAS program:
Number of clients served:	86 women	120 women
Change in number of clients served since previous year:	increase of 26 women	increase of 34 women
Program capacity (number of clients):	110 to 120 women	140 to 150 women
Per cent of program capacity used:	72% to 78%	80% to 86%
Change in program capacity since previous year:	increase of up to 60 women	increase of up to 30 women
Total number of eligible clients:	(unknown)	(unknown)
Per cent of eligible clients served:	(unknown)	(unknown)
Total number of program sites:	4	4
ACCESSIBILITY: Increase in the number of clients served since previous year (per cent):	26 women (43% increase)	34 women (40% increase)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Health Promotion:** • Midwifery Program
LAUNCH DATE:	June 2000
TARGET POPULATION:	**The Midwifery Program** is available in six regional health authorities (RHAs) in Manitoba: Burntwood, NOR-MAN, Brandon, Central South Eastman and Winnipeg. A provincial standard requires that 50 per cent of funded midwifery services shall be provided to those populations who can benefit most from midwifery care. These target or priority populations include single women, adolescent women, newcomers to Canada, Aboriginal women, socially isolated women, low-income women and other at-risk women.
PROGRAM DESCRIPTION:	Manitoba Health supports RHAs in providing midwifery services for families. Midwives work collaboratively with other care providers in RHAs and provide services in both hospitals and homes, referring women and newborn babies to physicians as necessary. Midwives care for women during pregnancy, labour, birth and the first six weeks after birth. Mothers also receive childbirth education, breastfeeding support and RHA maternal and infant care programs.
PROGRAM OBJECTIVES:	**Midwifery Program:** • to provide comprehensive care for women and their babies during pregnancy, labour, and birth through to age six weeks • to integrate midwifery into existing RHA maternal and infant programs • to provide services to identified priority populations
DELIVERY AGENT(S):	Midwives in six RHAs (Midwifery Program)
LEAD OFFICE or DEPARTMENT(S):	Manitoba Health

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	(data under development)	(data under development)
ACCESSIBILITY:	(data under development)	(data under development)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Improving Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Children's Programs • Children's Special Services
LAUNCH DATE:	April 1985
TARGET POPULATION:	**Children's Special Services** are available to children with developmental and/or physical disabilities in Manitoba who live with their natural, extended or adoptive families.
PROGRAM DESCRIPTION:	**Children's Special Services** provides family-centred, community-based services to families with children with disabilities. Available to children with developmental and/or physical disabilities in Manitoba, community-based family services support children with disabilities and their integration into all aspects of community life. Services include respite, therapy, equipment, supplies, home modification and transportation. Program components include: • **Family Support Services:** Staff in regional offices and community areas provide case management, consultation, brokerage, co-ordination and individual supports such as child development, supplies, assistive technology, home modification, transportation and therapy. • **Funding to External Agencies** is provided for delivery of specialized services such as therapy to children with disabilities and their families. • **Unified Referral and Intake System (URIS):** Manitoba Children's Special Services provides leadership to the interdepartmental URIS and administers funding to support children requiring specific health care procedures. Children's Special Services works in partnership with other branches of Manitoba Family Services and Housing, other departments (including Manitoba Health/Healthy Living, Manitoba Education, Citizenship and Youth), the Healthy Child Manitoba Office, external agencies and community organizations in the delivery of services.
PROGRAM OBJECTIVES:	**Children's Special Services:** • to provide supports that enable families to maintain children with developmental and/or physical disabilities in their own homes to the greatest extent possible • to promote the development of normalized community arrangements
DELIVERY AGENT(S):	Staff in regional offices and community areas
LEAD OFFICE or DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	**Children's Special Services:**	**Children's Special Services:**
Number of clients served:	3,536 families	3,586 families
Change in number of clients served since previous year:	increase of 183 families	increase of 50 families
Program capacity (number of clients):	3,536 families	3,586 families
Per cent of program capacity used:	100%	100%
Change in program capacity since previous year:	increase of 183 families	increase of 50 families
Total number of eligible clients:	(unknown)	Note: Existing clients are all eligible. Unknown if there are more eligible clients who have not applied for service.
Per cent of eligible clients served:	(unknown)	See note above
Change in per cent of eligible clients served since previous year	(unknown)	(unknown)
Total number of program sites:	8 regions	6 regions and 6 community areas
ACCESSIBILITY: Increase in the number of clients served since previous year (per cent):	183 families (5.5% increase)	50 families (1.4% increase)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

Notes on above table:

- *This does not include the URIS caseload.*
- *This does not account for expansion of the program in integrated service delivery model. (Children with disabilities — child day care, children in care, children with disabilities whose families are EIA recipients.)*

ECD Action Area:

Improving Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	National Child Benefit Supplement (NCBS) restoration for children ages 0 to 6 years
LAUNCH DATE:	April 1999 (NCBS fully restored for children up to six years of age in July 2001)
TARGET POPULATION:	Targeted: The **National Child Benefit Supplement** is available to low income families with children, as part of the National Child Benefit program.
PROGRAM DESCRIPTION:	The **National Child Benefit Supplement (NCBS)** was introduced in 1998 as an additional payment to low-income families with children, as part of the National Child Benefit (NCB) program. At the time it was introduced, Manitoba and most other provinces and territories agreed to recover it from families on social assistance. In July 2000, Manitoba began restoring to families on Employment and Income Assistance the value of the NCBS by passing through the increase in the value of the NCBS to all children in the family regardless of age. As of July 2001, the full amount of the NCBS was restored for children up to six years old whose parents were receiving income assistance benefits. As of January 2003, Manitoba restored the full amount of the NCBS for children ages seven to 11 years; and as of January 2004, Manitoba restored the full amount of the NCBS for children aged 12 to 17 years.
PROGRAM OBJECTIVES:	**National Child Benefit Supplement restoration:** • to prevent and reduce child poverty • to promote labour force attachment of parents • to reduce overlap and duplication
DELIVERY AGENT(S):	Employment and Income Assistance Program — Manitoba Family Services and Housing
LEAD OFFICE or DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	National Child Benefit Supplement (NCBS) restoration:	National Child Benefit Supplement (NCBS) restoration:
Number of clients served (average monthly number of EIA cases with any children 0 to 6 years of age):	7,965 families*	7,835 families*
Change in number of clients served s nce previous year:	not applicable (full take-up achieved in 2000/01)	not applicable (full take-up achieved in 2000/01)
Program capacity (number of clients):	(not applicable)	(not applicable)
Per cent of program capacity used:	(not applicable)	(not applicable)
Change in program capacity since previous year:	(not applicable)	(not applicable)
Total number of eligible clients (average monthly number of EIA cases with any children 0 to 6 years of age):	7,965 families*	7,835 families*
Per cent of eligible clients served:	100%	100%
Total number of program sites:	(not applicable)	(not applicable)
ACCESSIBILITY:	no change (full take-up achieved)	no change (full take-up achieved)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

The previous ECD report did not report on the average monthly number of EIA cases.

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Child Day Care
LAUNCH DATE:	September 1974
TARGET POPULATION:	Universal: **Child Day Care** is available to children ages 0 to 12 years in Manitoba.
PROGRAM DESCRIPTION:	The **Child Day Care Program** is responsible for: • establishing licensing standards for child care centres and family child care homes under *The Community Child Day Care Standards Act* and licensing and monitoring facilities according to these standards • providing financial assistance for child care fees on behalf of eligible parents with children attending child care facilities • providing grants and program assistance to eligible community groups and individuals who provide child care services • classifying all early childhood educators and Child Care Assistants who work in child care centres in Manitoba • providing competency-based training to Child Care Assistants working in centres to enable them to achieve an Early Childhood Educator II classification
PROGRAM OBJECTIVES:	**Child Day Care:** • to support sustainable, accessible, high quality child care • to assist families participating in employment and training to find and maintain suitable child care • to support parental participation in child care services • to support inclusion of children with special needs in child care, including children with disabilities and children of families in crisis • to review and adjust regulations, policies and systems to support continuous program development in the quality of services experienced by children, families, communities and providers
DELIVERY AGENT(S):	Licensed Child Day Care facilities
LEAD OFFICE or DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
ACCESSIBILITY:		
Total number of program sites	1,124	1,142
Program capacity (spaces)	24,009	24,777
• spaces for preschool children	17,119	17,343
• spaces for school age children	6,890	7,434
• change in program capacity (spaces)	987	768
• change in program capacity (%)	4.3%	3.2%
Number of children in Manitoba 0 to 12 years [1]	184,100	179,300
• preschool children (0 to 5 years)	80,800	75,600
• school age children (6 to 12 years)	103,200	103,700
Per cent of Manitoba children for whom there was a regulated space	13.0%	13.8%
• per cent of preschool children (0 to 5 years)	21.2%	22.9%
• per cent of school age children (6 to 12 years)	6.7%	7.2%
AFFORDABILITY:		
Maximum daily child care fees (centre based)		(fees frozen)
• infant	$ 25.60	$ 25.60
• preschool	$ 16.40	$ 16.40
• school age (before school, lunch and after school)	$ 7.20	$ 7.20
Maximum daily child care fees (home based)		(fees frozen)
• infant	$ 18.00	$ 18.00
• preschool	$ 14.00	$ 14.00
• school age	$ 7.20	$ 7.20
Daily non-subsidized fee per child	$ 2.40	$ 2.40
Average number of children receiving subsidized child care per 4-week period	11,020	11,455
Subsidization levels based on family net income: family examples (centre based)		
• one parent, one preschool child		
- full subsidy up to:	$ 13,787	$ 13,787
- partial subsidy up to:	$ 24,577	$ 24,577
• two parents, two preschool children		
- full subsidy up to:	$ 18,895	$ 18,895
- partial subsidy up to:	$ 40,475	$ 40,475
Total number of newly funded child care spaces in centres [2]	280	347
• spaces for preschool children	280	256
• spaces for school age children	0	91

Annual operating grant per space (for centres)		
• infant space	$6,240.00	$6,500.00
• preschool space	$1,872.00	$2,002.00
• school age space	$492.00	$ 536.00
• nursery school space (6 to 10 sessions per week)	$177.00	$ 189.00
Parent fees as a percentage of annual centre revenue [3]		
• infant space	53.9%	52.8%
• preschool space	72.3%	71.0%
• school age space	86.5%	85.4%
Annual operating grant funding levels for homes		
• infant space	$621.00	$ 664.00
• preschool space	$216.00	$ 231.00
• school age space	$216.00	$ 231.00
QUALITY:		
Regulated ratios (centre based)		
• infant	1:4	1:4
• preschool	1:8	1:8
• nursery school	1:10	1:10
• school age	1:15	1:15
Maximum licensed number of children (home based)	eight children including no more than five under six years of whom no more than three are under two years (includes provider's own children)	eight children including no more than five under six years of whom no more than three are under two years (includes provider's own children)
Proportion of centre based staff required to be classified as trained early childhood educators (diploma, degree or competency-based assessment graduate)		
• infant/preschool	two-thirds	two-thirds
• school age/nursery school	one-half	one-half
Family child care training [4]	Not applicable	New providers must complete an approved 40-hour course
Number of family child care providers and child care assistants approved for training grant [4]	Not applicable	0
Number of new competency-based graduates	35	43

Workforce numbers (centre based)		
• number of Early Childhood Educator IIs (diploma required for classification)	806	842
• number of Early Childhood Educator IIIs (degree required for classification)	780	820
Change in wages for trained Early Childhood Educator IIs [5]	+4.9%	+3.5%
Change in income for family child care providers (home based)	Data not available	+0.5%
Per cent of centres that are non-profit [6]	92.7%	92.4%
INCLUSIVE		
Number of children with disabilities served under the Children with Disabilities (CWD) Program	1,202	1,271
Per cent of child care facilities participating in CWD Program		
• centres	52.4%	51.3%
• homes	14.7%	19.5%
PARENTAL CHOICE:		
Number of funded extended-hour child care spaces	384	441
Number of group family child care homes in rural and small urban centres (outside Winnipeg)	21	22

1 Source: Statistics Canada, Labour Force Survey. Does not include persons living on Indian Reserves, full-time members of the Canadian Armed Forces and inmates in institutions.
2 Maximum fees apply to all funded spaces.
3 Centre revenue is made up of income from an operating grant and income from parent fees or fee subsidies on behalf of eligible families.
4 Regulation for training requirement effective January 2003.
5 Based on salary analysis of Early Childhood Educator IIs in funded full-time centres.
6 Research from the Childcare Resource and Research Unit at the University of Toronto's Centre for Urban and Community Studies, August 2000 suggests that child care services operated not-for-profit are more likely to deliver higher quality care environments.

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Early Childhood Development Initiative (ECDI)
LAUNCH DATE:	April 2001
TARGET POPULATION:	Universal: ECDI is available to all Manitoba school divisions.
PROGRAM DESCRIPTION:	The **Early Childhood Development Initiative** helps school divisions and districts provide services for preschoolers up to five years old. These services focus on helping young children get ready for school. Human and financial resources are available to improve children's readiness to learn as well as to improve schools' partnerships with parents, communities and relevant support agencies. All of Manitoba's school divisions are participating in this initiative of Manitoba Education, Citizenship and Youth.
PROGRAM OBJECTIVES:	**Early Childhood Development Initiative (ECDI):** • to improve children's readiness to learn for school • to improve school division partnerships with parents, communities and intersectoral agencies
DELIVERY AGENT(S):	Manitoba School Divisions
LEAD OFFICE or DEPARTMENT(S):	Manitoba Education, Citizenship and Youth — Program and Student Services Branch

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	(data under development)	(data under development)
Total number of program sites:	All 58 school divisions	All 38 school divisions*
ACCESSIBILITY:	(data under development)	(data under development)
AFFORDABILITY:	(data under development)	(data under development)
QUALITY:	(data under development)	(data under development)

Note: Manitoba Education, Citizenship and Youth and Healthy Child Manitoba are currently developing program indicators for ECDI.
**In 2002/03, due to school division amalgamation the number of school divisions decreased from 58 to 38.*

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Early Start Program
LAUNCH DATE:	April 1998 (three-year research sites: 1998 to 2000) April 1999 (provincial implementation)
TARGET POPULATION:	Targeted: **Early Start** is available in selected sites to families with preschool children who are identified as at risk for poor early childhood development outcomes.
PROGRAM DESCRIPTION:	The **Early Start** program is available in selected areas for families with preschool children, who need support to ensure healthy early childhood development. A three-year home visiting service supports children's early physical, mental and emotional development. Expanded funding in 2002/03 was used for an integrated BabyFirst and Early Start home visiting program, targeting families from pregnancy to school entry (see pages 49 and 50).
PROGRAM OBJECTIVES:	Early Start Program: • to facilitate families' abilities to ensure the physical health and safety of their children • to enable parents to build on their strengths and to foster the development of a secure attachment with their children • to support parents in their role of nurturing their children and providing appropriate social, physical and cognitive stimulation for their children • to facilitate families' connections with community resources and a sense of belonging in their communities
DELIVERY AGENT(S):	Trained paraprofessional home visitors, based primarily in licensed child care facilities. In some communities, Early Start may be delivered through the RHA or school division.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	**Early Start Program:**	**Early Start Program:**
Number of clients served:	235 families with 500 children	184 families with 400 children[1]
Change in number of clients served since previous year:	increase of 51 families	decrease of 51 families[1]
Program capacity (number of clients):	400 spaces	285 spaces
Per cent of program capacity used:	58.8%	64.6%
Change in program capacity since previous year:	no change	decrease of 115 spaces
Total number of eligible clients:	900 families (estimated)	unknown
Per cent of eligible clients served:	26.1%	unknown
Total number of program sites:	30	19
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
Per cent increase in the number of clients served since previous year:		
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	• 10% grant increase to allow for increased salaries for home visitors • Great Kids, Inc. mentorship training for home visitors	

[1] Spaces reallocated to the BabyFirst/Early Start Integration Model. Please see page 49 for more information.

ECD Action Area:

Strengthening Community Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Parent-Child Centred Approach
LAUNCH DATE:	March 2001
TARGET POPULATION:	Universal: Funding for the **Parent-Child Centred Approach** is available province wide. Each parent-child coalition determines its local target population.
PROGRAM DESCRIPTION:	This community development approach brings parents, community organizations, school divisions and health professionals together to support parenting, improve children's nutrition and literacy and build community capacity for helping families within their communities. Each parent-child coalition plans what community activities are needed, based on local needs. Examples of services offered across the province include home visiting, book and toy lending, parenting programs and family resource centres.
PROGRAM OBJECTIVES:	**Parent-Child Centred Approach:** • to improve parenting, children's nutrition and literacy, and community capacity for supporting families
DELIVERY AGENT(S):	A variety of local service delivery approaches across the province are available or being developed. These include home based, centre based, and mobile services. Examples include home visiting programs, family resource centres, parenting programs and mobile book and toy lending services.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	**Parent-Child Centred Approach:**	
Total number of program sites:	26 parent-child coalitions	26 parent-child coalitions
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Strengthening Community Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	Early Childhood Health Promotion: • Injury Reduction Campaign
LAUNCH DATE:	April 2000
TARGET POPULATION:	Universal: The Early Childhood Development component of the Injury Reduction Campaign was available province wide.
PROGRAM DESCRIPTION:	The goal of the **Injury Reduction Campaign** is to reduce intentional and unintentional injuries to children. An injury prevention advertising campaign focusing on the prevention of childhood household injuries was implemented on March 26, 2001. Highlights from last two years and upcoming events include the following. In April 2002, Manitoba Health funded the Injury Prevention Centre of Children's Hospital in Winnipeg, Manitoba (IMPACT) to research a background discussion paper on injury prevention in Manitoba. The paper described the injury problem in Manitoba, provided a summary of Manitoba injury reports and began dialogue on the process towards developing an Injury Prevention Strategy. In May 2002, the first intersectoral Injury Prevention Conference was held, with over 100 delegates, to begin the development of a Manitoba Injury Reduction Strategy. Also in May 2002, an Interdepartmental Working Group was formed to share information, and to enhance collaboration on injury responses in the province. In June 2002, Manitoba Health funded IMPACT to consult with injury stakeholders in all regions of the province on the recommendations made in the background development paper. In March 2003, Manitoba Public Insurance and Manitoba Health launched a campaign to promote the use of child car seat restraints. In June 2003, Manitoba Labour and Immigration and the Workers Compensation Board launched a province-wide Safe Work campaign to draw attention to the need to prevent workplace injuries and develop a culture of safety in Manitoba. In March 2004, Manitoba Public Insurance and Manitoba Health provided an educational videotape to some health and education sites on the proper choice and installation of child car and booster seats. In April 2004, the *Economic Burden of Unintentional Injury in Manitoba* was released. The study provides information on the cost of injury in Manitoba.

	In April 2004, an updated *Manitoba Injury Surveillance Report* was released. The report provides injury data over a 10-year period and is an important planning document for the development of regional injury plans. In April 2004, a second Intersectoral Injury Conference was held to promote the development of province-wide injury prevention plans.
PROGRAM OBJECTIVES:	**Injury Reduction Campaign:** • to reduce unintentional and intentional injuries to children, youth and their families
DELIVERY AGENT(S):	Manitoba government departments, service delivery agencies (ex: regional health authorities), researchers and families.
LEAD OFFICE or DEPARTMENT(S):	Manitoba Health

PROGRAM INDICATORS

INVESTMENT FOCUS:	2001/02	2002/03
AVAILABILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
ACCESSIBILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
AFFORDABILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
QUALITY:	(not reported for public education initiatives)	(not reported for public education initiatives)

Note: For more information on IMPACT, please see their website: http://www.hsc.mb.ca/impact
Note: The Manitoba Injury Surveillance Report *can be viewed and downloaded at http://www.gov.mb.ca/healthyliving/index.html*

APPENDIX D

Growing Up in MANITOBA: Early Childhood Development Indicators of Children's Well-being, 1998 to 2001

Background and Description of Indicators of Children's Well-being

The following tables and graphs provide baseline information on children in Manitoba and Canada from 1998 to 2001. Data for these tables come from several sources, including the *National Longitudinal Survey of Children and Youth* (NLSCY), the *Survey of Labour and Income Dynamics* (SLID) and *Canada Vital Statistics*. Some information on 1998/99 is being re-reported from the *2002 ECD Report* due to re-calculation of population using the 2001 Census.

Technical information: The impact of new population counts on 1998/99 data

Revised data for 1998/99 is provided in this report in cases where population counts have changed. In last year's ECD report, the 1998/99 results were based on the 1996 census. The 2001 census data has shown a significant change, so that the populations for 1998/99 needed to be changed. These new populations affect the "weights" (which determine the age group counts) used in the NLSCY and SLID. Statistics Canada has a longstanding policy that sample weights for surveys are calculated using the most reliable population counts available for the appropriate point in time. For intercensal years, these weights are typically based on population estimates. Population counts become available through the Census, which is conducted every five years. When these counts become available, the initial weights for the intercensal years are adjusted to reflect the final population counts. This has an impact on all sample based surveys such as the *National Longitudinal Survey of Children and Youth* and the *Survey of Labour and Income Dynamics*.

For SLID, the 2000 historical weight has been revised to population counts based on the 1996 Census. The population counts used to derive the weights for the 1998/99 data reported in last year's ECD report were based on the 1991 Census. In addition, the weighting strategy now incorporates population controls for household size and economic family size. Previously, weights were derived that respected population totals by province, age and sex. Updating the sample weights for surveys, such as the NLSCY and SLID, is essential to ensure consistency between Statistics Canada's official population figures and the survey estimates. **In order to ensure comparability between the data reported for 1998/99 and 2000/01, all NLSCY and SLID based indicators for 1998/99 are being re-reported to reflect the revised weights.** For those indicators based on the NLSCY, the Cycle 3 (1998/99) weights now reflect the population on January 1999, according to the 2001 Census.

For those indicators based on the SLID, the 2000 historical weight has been revised to population counts based on the 1996 Census.

The NLSCY does not sample children living in institutions or on First Nations reserves. Additionally, the NLSCY does not always have representative information for the territories.

How are young children doing in Manitoba and Canada?

An Update

In 1998/99 and 2000/01, the *National Longitudinal Survey of Children and Youth* continued to collect information on Canadian children's development during pregnancy and the first five years of life. This section provides information on the health and well-being of young children in Manitoba from 1998 to 2001. We will continue to build on current knowledge so that we can learn:

- what communities can do to make a difference
- which policies and programs improve outcomes for children
- how Manitoba's children are faring as they grow up

Federal/Provincial/Territorial governments have agreed to report on the following indicators of Early Childhood Development:

1. Physical Health and Motor Development: the general state of the child's health and gross motor skills
2. Emotional Health: the child's self-esteem, coping skills and overall emotional well-being
3. Social Knowledge and Competence: how children behave and how they are able to communicate feelings and wants
4. Cognitive Learning: how children perceive, organize and analyze information in their social and physical environment
5. Language Communication: the ability of a child to communicate

Federal/Provincial/Territorial governments have identified other indicators that jurisdictions may choose to report. Manitoba is reporting on these optional indicators of children's well-being:

1. Safety and security: injuries among children
2. Community related indicators: neighbourhood satisfaction, safety and cohesion
3. Family-related indicators: parents' education, income, health and family functioning

About the National Longitudinal Survey of Children and Youth (NLSCY)

The National Longitudinal Survey of Children and Youth was initiated in 1992 to find out about the well-being of children and their families. The NLSCY provides information on the characteristics and life experiences of children and youth as they grow from infancy to adulthood, across the provinces and territories of Canada (HUMAN RESOURCES DEVELOPMENT CANADA AND STATISTICS CANADA, 1996).

Every two years, the NLSCY collects comprehensive data on children's individual, family, preschool, school and community characteristics and experiences and children's physical, social, emotional, cognitive, language, academic and behavioural outcomes. Parents, teachers and principals and children aged 10 and older are surveyed. The families of approximately 23,000 Canadian children who were under 12 years old in 1994/95 participate in the NLSCY every two years. The NLSCY will continue until the youngest children reach age 25 years in the year 2018.

The information collected in the NLSCY is fairly representative of the Canadian population. However, "the NLSCY does not include Aboriginal children living on reserves or children living in institutions and immigrant children are under-represented... Efforts are being made to address these issues, in particular the underrepresentation of immigrant and Aboriginal children" (BRINK & MCKELLAR, 2000., p. 113).

Results from the first cycle of the NLSCY have been recently published in a comprehensive book (WILLMS, 2002).

REFERENCES:

BRINK, S., & MCKELLAR, S. (2000) *NLSCY: A unique Canadian survey.* ISUMA: Canadian Journal of Policy Research, 1(2), 111–113.

HUMAN RESOURCES DEVELOPMENT CANADA AND STATISTICS CANADA. (1996) *Growing up in Canada: National Longitudinal Survey of Children and Youth.* Ottawa, ON: Minister of Industry.

WILLMS, J.D. (ED.). (2002) *Vulnerable children: Canada's National Longitudinal Survey of Children and Youth.* Edmonton, AB: University of Alberta Press and Human Resources Development Canada — Applied Research Branch.

This year's report includes some of the most recent data available from 1998/99 and 2000/01 and updates the baseline from last year's report.

Early Childhood Development Indicators of Children's Well-Being, 1998 to 2001

Demographics (1998/99 and 2000/01)

There are approximately 90,000 children aged zero to five years in the Province of Manitoba, representing four per cent of all children in Canada.

- the number of children has decreased from 1998/99 to 2000/01 in both Manitoba and Canada.
- there are more older children than younger children, signifying a decrease in the birth rate in Manitoba and Canada

Number of Children by Age — Manitoba, 1998/99 and 2000/01

Age	1998/99		2000/01	
	Count	Per Cent	Count	Per Cent
0 YEARS (0 to 11 MONTHS)	14,359	15.5	14,146	15.8
1 YEAR	14,595	15.8	15,462	17.3
2 YEARS	15,324	16.6	13,321	14.9
3 YEARS	16,026	17.4	14,621	16.3
4 YEARS	16,264	17.6	15,360	17.1
5 YEARS	15,785	17.1	16,691	18.6
Total	**92,353**		**89,601**	

Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire, data presented is weighted.*

Number of Children by Age — Canada, 1998/99 and 2000/01

Age	1998/99		2000/01	
	Count	Per Cent	Count	Per Cent
0 YEARS (0 to 11 MONTHS)	339,136	15.2	329,286	15.3
1 YEAR	351,335	15.7	369,544	17.2
2 YEARS	372,175	16.6	315,038	14.6
3 YEARS	384,673	17.2	357,146	16.6
4 YEARS	395,317	17.7	377,778	17.6
5 YEARS	393,471	17.6	403,647	18.8
Total	**2,236,107**		**2,152,439**	

Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire," data presented is weighted.*

In last year's ECD report, the 1998/99 results were based on the 1996 census. The 2001 census data has shown a significant change, so that the populations for 1998/99 are updated. For more information, see Technical Information, page 68.

Birth Outcomes, 1998/99 and 2000/01

About 14,000 babies are born every year in Manitoba.

In 2000/01,

- most babies were born "on time" (92 per cent) with a healthy birth weight (78 per cent) but some babies were born at-risk, and some died before their first birthday.
- 16.6 per cent of babies in Manitoba had high birth weights, putting them at risk for problems like diabetes, compared to 13.8 per cent of babies across Canada.
- a much smaller proportion of babies in both Manitoba and Canada had low birth weight (5.1 per cent in Manitoba and 5.6 per cent in Canada).
- infant mortality is a problem in Manitoba, with 6.5 infant deaths per 1,000 live births, while the Canadian rate is 5.3 deaths per 1,000 births.

The following tables and charts give more details on the birth outcomes.

Preterm Birth Rate: Percentage (%) of Live Births with Gestational age < 37 weeks, year 2000

Jurisdiction	Male	Female	Total
Manitoba	8.6	7.3	8.0
Canada	8.0	7.0	7.5

Source: Canadian Vital Statistics — Birth Database

Infant Mortality Rate (Per 1,000 Live Births), 1998 to 2000

Jurisdiction	1998			1999			2000		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Manitoba	7.5	5.9	6.7	9.7	7.0	8.4	6.8	6.1	6.5
Canada	5.7	4.8	5.3	5.7	4.8	5.3	5.8	4.7	5.3

Source: Canadian Vital Statistics — Mortality, Summary List of Causes

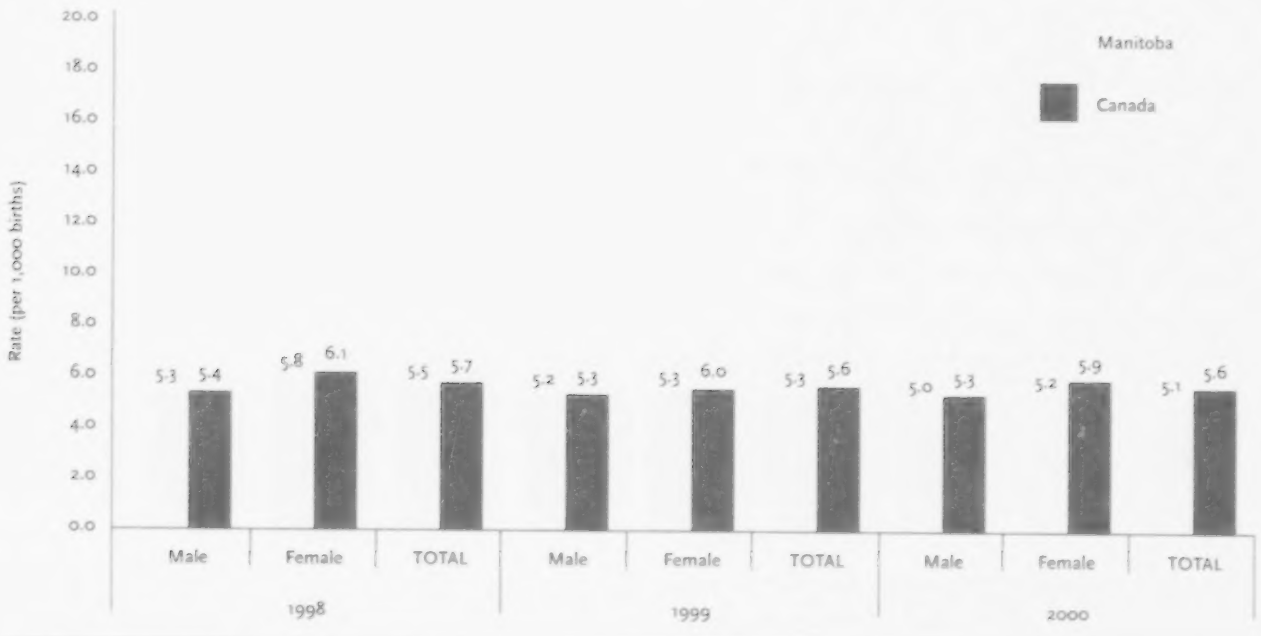
Note: Data includes children under age one year; cases of unknown sex are excluded from number of live births.

Tobacco Use During Pregnancy, 1998/99 and 2000/01

Jurisdiction		1998/99		2000/01	
		Frequency	Per Cent	Frequency	Per Cent
Manitoba	YES	6,712	25.5	3,678	18.7
	NO	19,640	74.5	15,984	81.3
Canada	YES	122,239	19.4	83,642	18.5
	NO	507,861	80.6	367,400	81.5

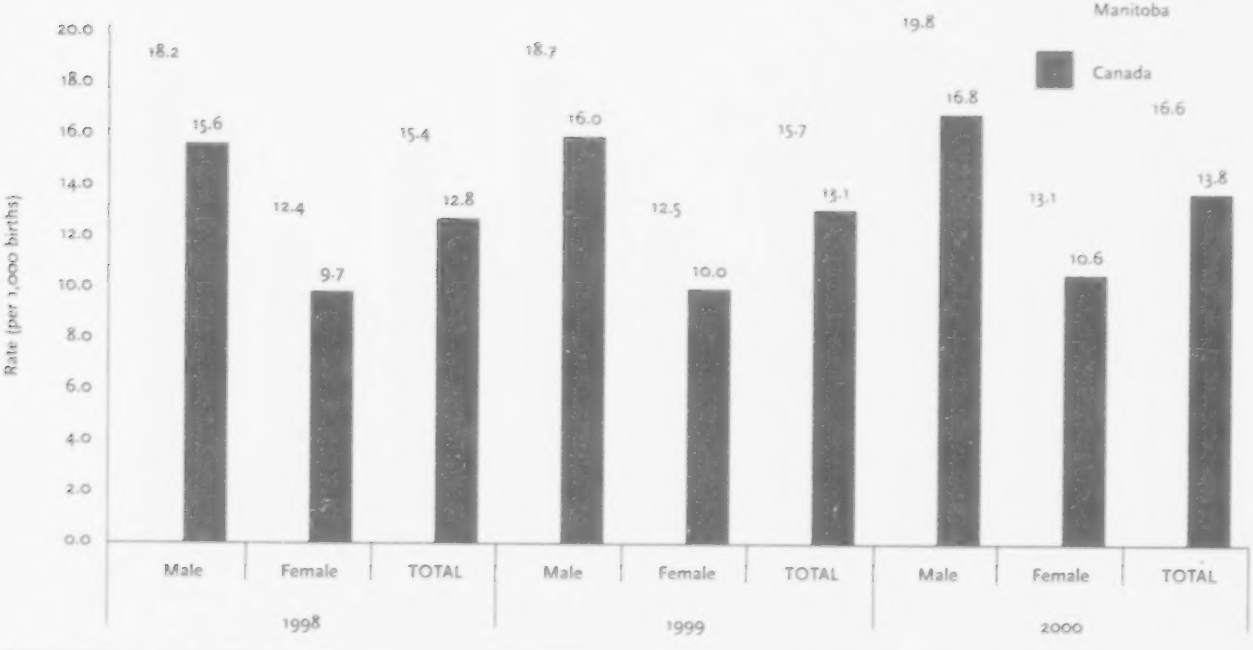
Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parent Questionnaire; data presented is weighted, data could be provided only.

Low Birthweight Rates in Manitoba and Canada, 1998 to 2000



Source: Canadian Vital Statistics — Birth Database

High Birthweight Rates in Manitoba and Canada, 1998 to 2000



Source: Canadian Vital Statistics — Birth Database

Immunization, 1998 to 2001

Manitoba does well in preventing diseases by immunizing its youngest children.

In 2000 and 2001, in Manitoba there were:

- six new cases of Haemophilus Influenza b (Hib)
- no new cases of measles
- no new cases of meningococcal disease

Reported Incidence for Three Vaccine-preventable Diseases: Number and Rates (per 100,000)[1], 1998 to 2001

Jurisdiction	Disease[2]	1998		1999		2000		2001	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Manitoba	*Measles*	0	0.0	1	1.1	0	0.0	0	0.0
	Meningoccocal Disease	0	0.0	0	0.0	0	0.0	0	0.0
	Hib	1	1.3	1	1.3	1	1.4	5	6.9
Canada	*Measles*	6	0.3	11	0.5	80	3.7	7	0.3
	Meningoccocal Disease	8	0.4	10	0.5	15	0.7	27	1.3
	Hib	15	0.8	14	0.8	7	0.4	16	0.9

1 For Measles and Meningoccocal Group C Disease, rates include children zero to five years of age. For Hib, rates include children zero to four years of age. Data for Measles and Hib for 2001 are provisional and subject to change. Data for Meningoccocal Group C Disease are based on laboratory confirmed cases and are provisional for 2000 and 2001 and subject to change.

2 Hib = Haemophilus Influenzae type b disease.

Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, PPHB, Health Canada.

Breastfeeding, 1998/99

Most mothers in Manitoba breastfeed their infants.

- 86 per cent of children were breastfed by their mother.
- 37 per cent mothers breastfed for 12 weeks or less while 35 per cent mothers breastfed for seven months or longer.

Prevalence of Breastfeeding, 1998/99

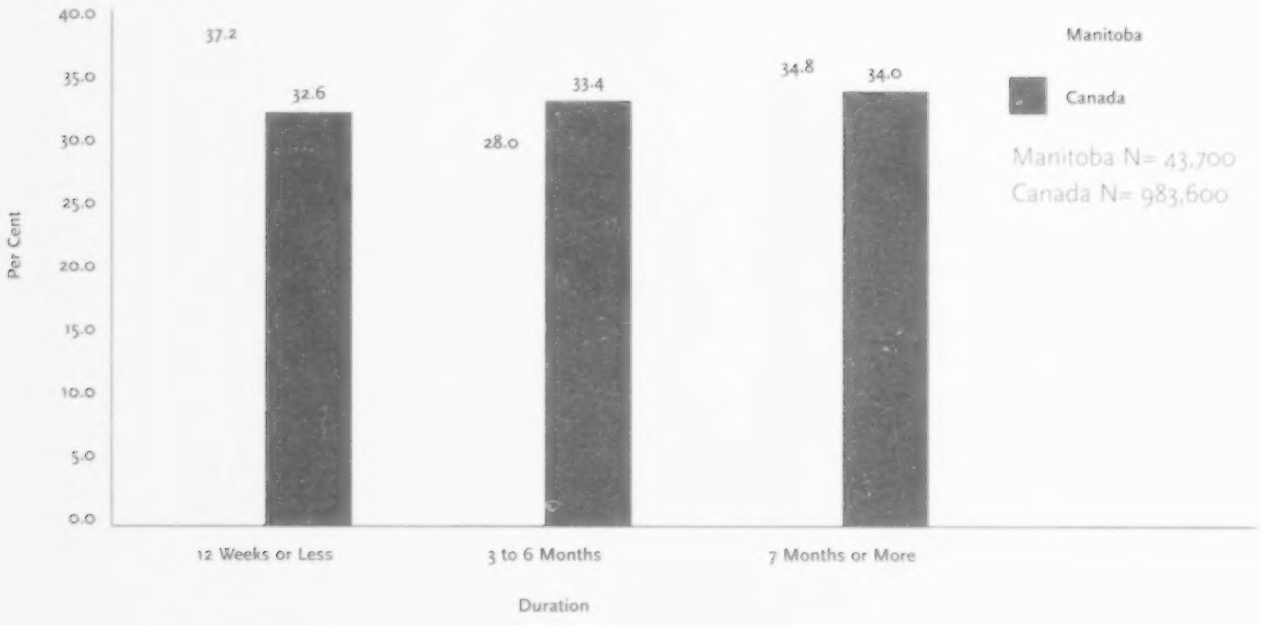
Jurisdiction	Category	Frequency	Valid Per Cent
Manitoba	Yes	10,814	85.9
	No	1,775	14.1
Canada	Yes	1,142,631	79.9
	No	286,923	20.1

Note: Includes both children currently being breastfed as well as children who were ever breastfed.

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data for provinces only.

Note: 2000/01 breastfeeding data is not available.

Duration of Breastfeeding, 1998/99



Note: Does not include children currently being breastfed.
Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted, data based on provinces only.*
Note: 2000/01 breastfeeding data not available.

Early Childhood Injuries, 1999 and 2000

In 1999 and 2000, hundreds of Manitoba's young children had to go to the hospital because of:

- motor vehicle accidents
- fires
- falls and other accidents
- being assaulted by others (and sometimes from physically harming themselves)

Some of these injuries proved fatal.

(Continues on next page)

Injury Hospitalization Rate[1] (per 100,000 population aged zero to five)

Jurisdiction	Injury Category	1999						2000					
		Male		Female		Total		Male		Female		Total	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Manitoba	All Hospitalization Injuries	178	395.10	228	482.87	406	440.01	177	401.42	224	484.73	401	444.05
Canada	All Hospitalization Injuries	4,298	393.95	5,850	510.37	10,148	453.60	3,937	368.99	5,449	486.29	9,386	429.08

Source: Canadian Institute for Health Information (CIHI) Hospital Morbidity Database

Notes

a) Figures based on the number of patients (zero to five years) who were admitted — for at least overnight — to an acute care facility in Canada and subsequently discharged (alive or dead) from that facility. Out patient and Emergency Department visits excluded.

b) Stillborns are excluded.

c) The year represents the fiscal year of discharge.

d) Population denominators are five years of age or younger by fiscal year midpoint (October 1) and are specific to gender, province and fiscal year.

Injury Mortality Rate (per 100,000 population aged zero to five)

Jurisdiction	Cause of Death	1999						2000					
		Male		Female		Total		Male		Female		Total	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Manitoba	All Death Injuries	9	19.1	6	13.4	15	16.3	8	17.4	8	18.2	16	17.8
	Unintentional Death Injuries	8	17.0	6	13.4	14	15.2	4	8.7	5	11.3	9	10.0
	• Falls	0	0.0	0	0.0	0	0.0	2	4.3	0	0.0	2	2.2
	• Motor Vehicle Traffic Crashes[1]	3	6.4	1	2.2	4	4.3	0	0.0	0	0.0	0	0.0
	• Drowning	0	0.0	2	4.5	2	2.2	0	0.0	0	0.0	0	0.0

	• Fire/Flame	4	8.5	1	2.2	5	5.4	2	4.3	2	4.5	4	4.4
	• Suffocation[2]	0	0.0	0	0.0	0	0.0	0	0.0	2	4.5	2	2.2
	Intentional Death Injuries — Assault	1	2.1	0	0.0	1	1.1	2	4.3	3	6.8	5	5.6
	Other Death Injuries[3]	0	0.0	0	0.0	0	0.0	2	4.3	0	0.0	2	2.2
Canada	All Death Injuries	127	11.1	81	7.5	208	9.3	104	9.3	68	6.4	172	7.9
	Unintentional Death Injuries	110	9.7	68	6.3	178	8.0	83	7.4	53	5.0	136	6.2
	• Falls	2	0.2	1	0.1	3	0.1	5	0.4	0	0.0	5	0.2
	• Motor Vehicle Traffic Crashes	33	2.9	24	2.2	57	2.6	18	1.6	16	1.5	34	1.6
	• Drowning	23	2.0	8	0.7	31	1.4	20	1.8	7	0.7	27	1.2
	• Fire/Flame	21	1.8	9	0.8	30	1.3	10	0.9	7	0.7	17	0.8
	• Suffocation	10	0.9	12	1.1	22	1.0	12	1.1	17	1.6	29	1.3
	Intentional Death Injuries — Assault	13	1.1	12	1.1	25	1.1	16	1.4	11	1.0	27	1.2
	Other Death Injuries	4	0.4	1	0.1	5	0.2	5	0.4	4	0.4	9	0.4

Source: Statistics Canada, Canadian Vital Statistics — Mortality, Summary List of Causes, 2005 and 2006.
Mid-year (July 1) population estimates were used to calculate rates.
1 This category includes, but not limited to, MVTC-pedal cyclist and MVTC-pedestrian death injuries.
2 This category includes, but not limited to, choking on food, choking on other substance and suffocation in bed or cradle death injuries.
3 This category includes, but not limited to, legal intervention/war and undetermined death injuries.

Early Development Outcomes, 1998/99 and 2000/01

According to the *National Longitudinal Survey of Children and Youth* in 2000/01, the majority of Manitoba's 90,000 young children under age six — from 82 per cent to 86 per cent — were doing well in motor and social development, language development, and other social, emotional and behavioural outcomes during the first five years of life. These rates were similar to children across Canada.

However, it is important that we do not forget the Manitoba children who were vulnerable in 2000/01. Children were struggling in each of these areas of early development:

- 18 per cent (10,700 children ages two to five years) with emotional and anxiety problems
- 15 per cent (7,700 children up to three years of age) with delayed motor and social development
- 15 per cent (4,200 children ages four to five years) with delayed language development
- 14 per cent (3,300 children up to three years of age) with low levels of personal-social behaviour
- 14 per cent (8,500 children ages two to five years) with hyperactivity and attention problems
- 14 per cent (8,000 children ages two to five years) with physical aggression and conduct problems

These represent young children in Manitoba, many of whom have multiple behaviour or learning problems, who could have benefited from early supports for learning and development. Vulnerable children can be found in every community and every kind of family in Manitoba and Canada.

Emotional/Anxiety Problems, 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Not high emotional problems	49,980	83.3	48,338	81.9
	High emotional problems	10,026	16.7	10,666	18.1
Canada	Not high emotional problems	1,288,408	86.2	1,162,753	82.2
	High emotional problems	206,974	13.8	252,213	17.8

Source: National Longitudinal Survey of Children and Youth Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted, data based on provinces only.

Motor and Social Development (MSD), 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Delayed MSD	8,266	14.6	7,738	15.3
	Average MSD	39,939	70.4	37,074	73.2
	Advanced MSD	8,523	15.0	5,803	11.5
Canada	Delayed MSD	192,489	13.9	169,705	14.3
	Average MSD	980,849	71.1	863,386	72.6
	Advanced MSD	206,701	15.0	155,400	13.1

Note: Based on standardized score for MSD. Data include children ages zero to three years.
Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Language Development: Peabody Picture and Vocabulary Test — Revised (PPVT-R), 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Delayed PPVT-R	9,124	21.4	6,234	14.9
	Average PPVT-R	28,675	65.5	31,729	76.4
	Advanced PPVT-R	5,715	13.1	3,580	8.7
Canada	Delayed PPVT-R	101,323	15.9	114,689	17.4
	Average PPVT-R	450,726	70.8	454,370	68.8
	Advanced PPVT-R	84,860	13.3	91,841	13.9

Note: Based on standardized score for Peabody Picture Vocabulary Test — Revised (PPVT-R).
"Marginal" data quality; while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.
Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Prosocial Behaviour, 1998/99

Jurisdiction	Category	Frequency	Valid Per Cent
Manitoba	Not low prosocial behaviour	48,807	88.1
	Low prosocial behaviour	6,572	11.9
Canada	Not low prosocial behaviour	1,241,032	89.9
	Low prosocial behaviour	140,238	10.2

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99), Master File, Parents Questionnaire, data is weighted.

Personal Social Behaviour, 2000/01

Jurisdiction	Category	Frequency	Valid Per Cent
Manitoba	Personal score above cut-off	19,421	85.6
	Personal score below cut-off	3,254	14.4
Canada	Personal score above cut-off	393,725	84.0
	Personal score below cut-off	75,190	16.0

** "Marginal" data quality. While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.*
Source: National Longitudinal Survey of Children and Youth and Cycle 4 (2000/01), Master File, Parents Questionnaire, data is weighted.

In the 2000/01 *National Longitudinal Survey of Children and Youth*, "prosocial behaviour" is no longer collected. A new instrument, the Ages and Stages Questionnaire (ASQ), was used to determine the "personal-social" elements of the child's behaviour. The "personal-social" information is replacing the prosocial behaviour reported previously.

Hyperactivity-Inattention, 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Not high hyperactivity	51,668	85.9	50,668	85.7
	High hyperactivity	8,478	14.1	8,471	14.3
Canada	Not high hyperactivity	1,309,902	87.8	1,200,972	84.9
	High hyperactivity	182,038	12.2	212,847	15.1

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted, data based on provinces only.

Physical Aggression/Conduct Problems, 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Not high aggression	51,449	85.4	51,005	86.3
	High aggression	8,825	14.6	8,068	13.7
Canada	Not high aggression	1,290,695	86.5	1,232,577	87.4
	High aggression	201,446	13.5	177,207	12.6

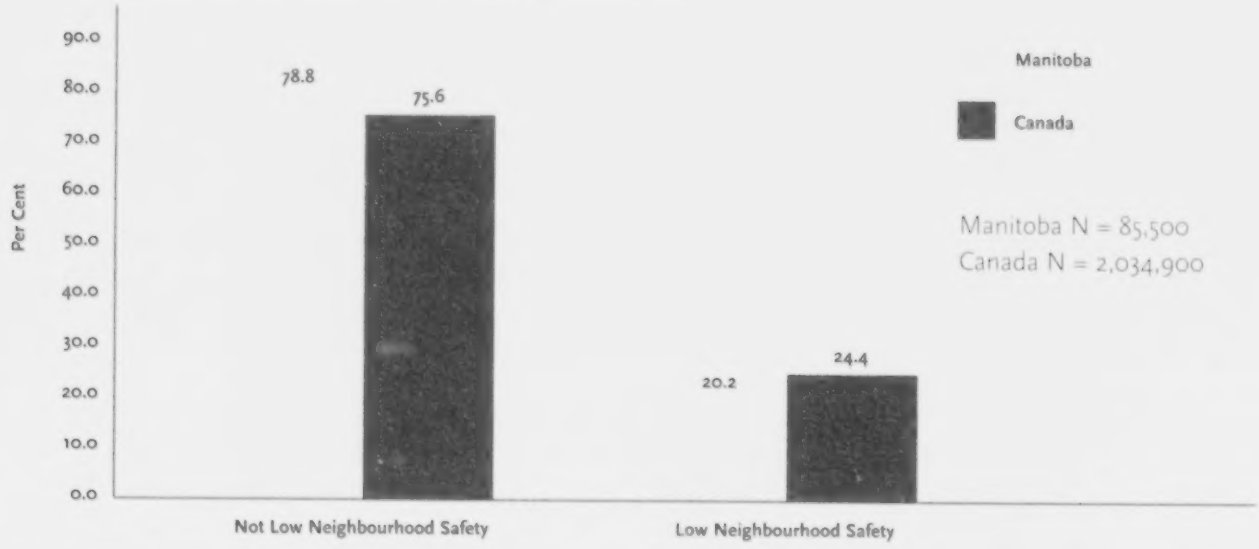
Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted, data based on provinces only.

Neighbourhood Characteristics, 1998/99 and 2000/01

Neighbourhood safety and cohesiveness was good for most families with young children. However, some families live in unsafe neighbourhoods and/or neighbourhoods with low cohesiveness:

- 20 per cent of Manitoban families lived in unsafe neighbourhoods, while this was true for 24 per cent of all Canadian families
- 12 per cent of Manitoban families with young children lived in neighbourhoods with low cohesion (neighbours are not helpful) in 2000/01, which is an improvement on the 17 per cent in 1998/99

Neighbourhood Safety Score, 2000/01



Missing responses in Manitoba (4.5 per cent). Missing responses in Canada (5.5 per cent.)
Source: National Longitudinal Survey of Children and Youth, *Cycle 4 (2000/01), Master File, Parents Questionnaire; data is weighted.*

Neighbourhood Cohesiveness Score, 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Not low neighbourhood cohesion	65,448	83.4	67,110	87.7
	Low neighbourhood cohesion	13,066	16.6	9,395	12.3
Canada	Not low neighbourhood cohesion	1,604,101	84.9	1,526,259	85.9
	Low neighbourhood cohesion	286,105	15.1	250,118	14.1

Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.*

Family Characteristics, 1998/99 and 2000/01

Parenting, parent's well-being and family socio-economics play important roles in children's well-being. Most children lived in supportive, functioning families with positive parental interaction. Most parents read to their children every day. A significant number of families had at least one parent who suffers from symptoms of depression.

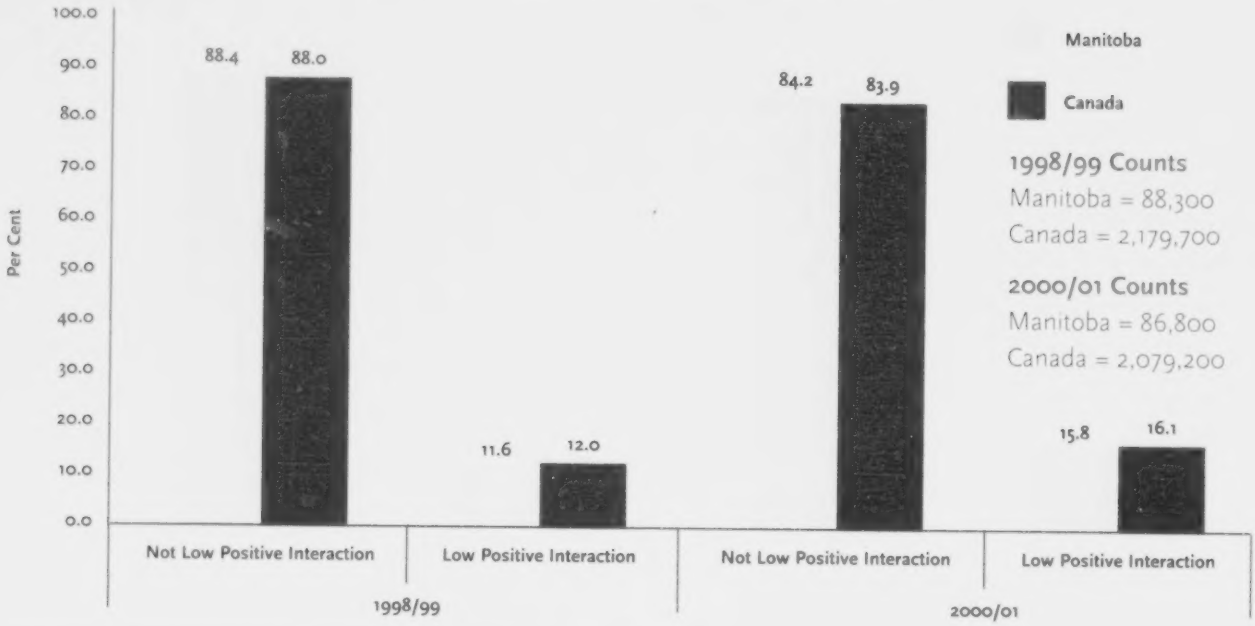
- 11 per cent (9,000 children) were living in a family with significant problems (e.g. family members are not supportive or involved)
- 84 per cent (73,100 children) lived in families with positive parental interaction
- 70 per cent (60,100 children) of parents read to their children every day
- 14 per cent mothers and 18 per cent fathers had less than secondary school education, while 40 per cent mothers and 43 per cent fathers had a degree
- in 2000, 17 per cent Manitoba families with young children were living in poverty (based on the low income cut-off)

Family Functioning, 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Not high family dysfunction	78,013	88.3	75,218	89.3
	High family dysfunction	10,355	11.7	9,059	10.7
	Total of Responses	88,367	100.0	84,277	100.0
	System missing	3,986		5,325	
	Total	92,353		89,602	
Canada	Not high family dysfunction	1,915,630	89.1	1,807,428	88.7
	High family dysfunction	234,980	10.9	229,334	11.3
	Total of Responses	2,150,610	100.0	2,036,762	100.0
	System missing	85,497		115,677	
	Total	2,236,107		2,152,439	

Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data is weighted.*

Parenting: Positive Interaction, 1998/99 and 2000/01



Missing data for Manitoba: 1998/99 (4.4 per cent) 2000/01 (3.1 per cent)
Missing data for Canada: 1998/99 (2.5 per cent) 2000/01 (3.4 per cent)
Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.*

How Often Adult Reads to Child or Listens to Child Read, 1998/99 and 2000/01

Jurisdiction	Category	1998/99	
		Frequency	Valid Per Cent
Manitoba	A few times a week or less	14,076	24.0
	Daily	38,035	64.8
	Many times each day	6,627	11.3
Canada	A few times a week or less	437,890	30.3
	Daily	841,568	58.2
	Many times each day	165,628	11.5

Jurisdiction	Category	2000/01	
		Frequency	Valid Per Cent
Manitoba	Once a week or less	7,532	8.8
	A few times a week	17,932	21.0
	Daily	60,124	70.2
Canada	Once a week or less	216,590	10.6
	A few times a week	474,788	23.3
	daily	1,347,196	66.1

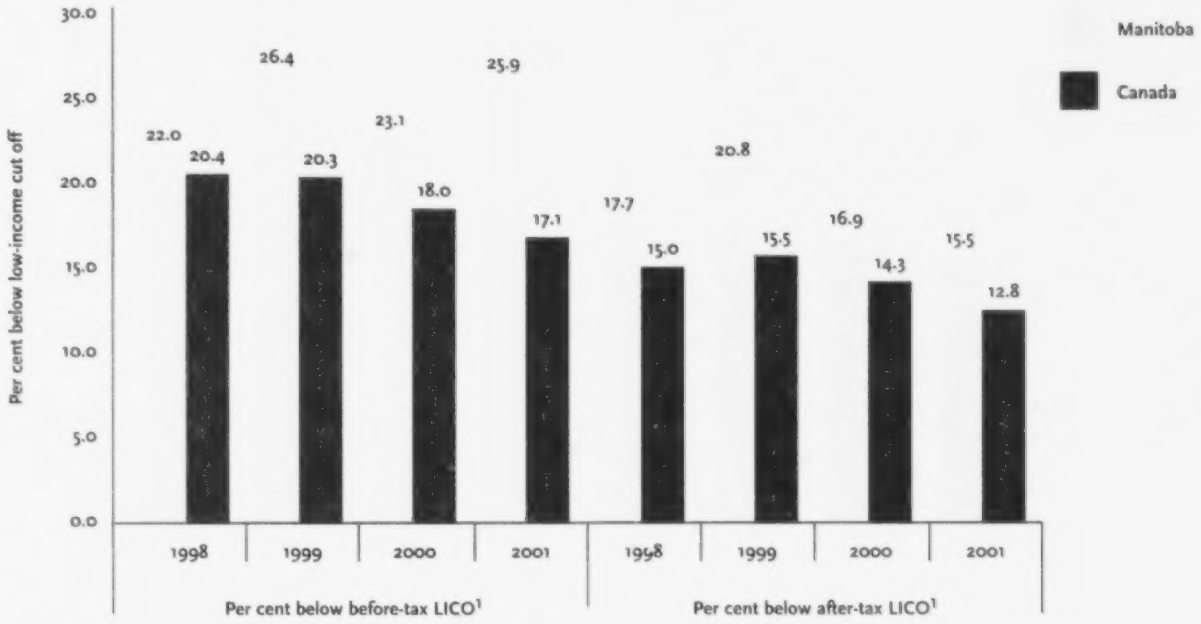
Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.*
Note: Data for 1998/99 is for children ages two to five.
Note: Data for 2000/01 is for children ages zero to five.

Parental Depression, 1998/99 and 2000/01

Jurisdiction	Category	1998/99		2000/01	
		Frequency	Valid Per Cent	Frequency	Valid Per Cent
Manitoba	Not high depressive symptoms	76,502	86.7	71,980	89.0
	High depressive symptoms	11,714	13.3	8,917	11.0
Canada	Not high depressive symptoms	1,911,433	88.8	1,767,747	89.5
	High depressive symptoms	240,747	11.2	208,250	10.5

Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.*

Low-Income Rates for Families with Children Under Six Years of Age, 1998 to 2001

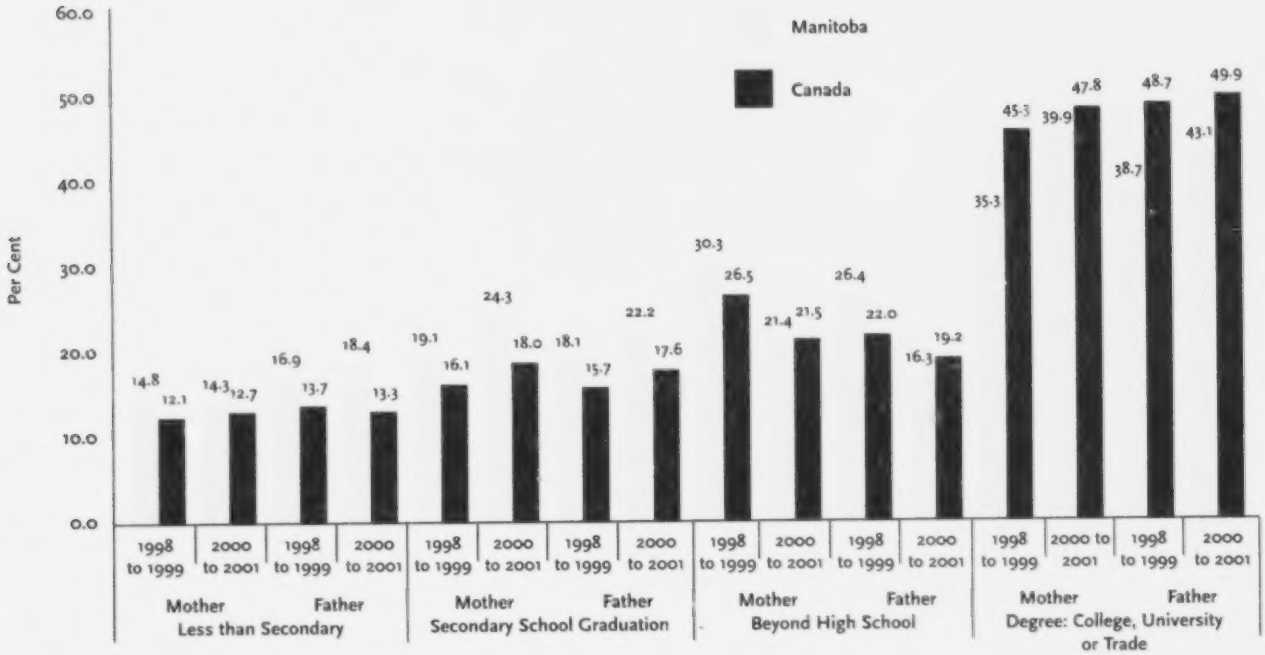


Counts

1998 Manitoba: 84,900 Canada: 2,202,300
1999 Manitoba: 82,200 Canada: 2,139,900
2000 Manitoba: 80,200 Canada: 2,081,500
2001 Manitoba: 78,500 Canada: 2,015,200

Sources: Survey of Labour and Income Dynamics: *Reference years 1998 to 2001; data based on provinces only.*
Note: Population level Families with children zero to five years of age (included).
1 LICO = low-income cut off

Parental Education — Highest Level Attained, 1998/99 and 2000/01



Count of number of parents surveyed

Year	Parent	Manitoba	Canada
1998	Mother	89,800	2,182,900
	Father	78,200	1,874,700
2000	Mother	85,900	2,060,200
	Father	73,900	1,767,700

Source: National Longitudinal Survey of Children and Youth, *Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.*

Appendix E

Recommended Websites and Further Reading for Early Learning and Child Care (ELCC) and Early Childhood Development (ECD)

A New Generation of Canadian Families Raising Young Children

http://www.gov.mb.ca/healthychild/raising_young_children_report.html

Canadian Child Care Federation

http://www.cccf-fcsge.ca

Canadian Language and Literacy Research Network (CLLRNet)

http://www.cllrnet.ca

Centre of Excellence for Early Childhood Development (CEECD)

http://www.excellence-earlychildhood.ca

Childcare Resource and Research Unit (CRRU)

http://www.childcarecanada.org

Conversations on Society & Child Development

http://www.cscd.ca

ENTREPARENTS.MB.CA : Ressources pour parents francophone du Manitoba (Fédération provinciale des comités de parents du Manitoba (FPCP))

http://entreparents.mb.ca

Government of Manitoba Child Care Online
http://www.gov.mb.ca/childcare

Government of Manitoba Healthy Living
http://www.gov.mb.ca/healthyliving

Invest in Kids Foundation
http://www.investinkids.ca

Injury Prevention Centre of Children's Hospital in Winnipeg, Manitoba (IMPACT)
http://www.hsc.mb.ca/impact

Manitoba Child Care Association
http://www.mccahouse.org

National Child Benefit (NCB)
http://www.nationalchildbenefit.ca

National Longitudinal Survey of Children and Youth (NLSCY) and Understanding the Early Years (UEY)
http://www.sdc.gc.ca (forthcoming)

Social Union Framework Agreement (SUFA)/ Early Childhood Development (ECD)
http://www.socialunion.gc.ca

The Government of Manitoba welcomes your comments and questions about this report, and we encourage you to write, phone or e-mail us at Healthy Child Manitoba or Child Care Information Services.

Healthy Child Manitoba Office
219-114 Garry Street
Winnipeg, Manitoba R3C 4V6
Tel: 204-945-2266
Toll-free: 1-888-848-0140
Fax: 204-948-2585
E-mail: healthychild@gov.mb.ca

www.gov.mb.ca/healthychild

Child Care Information Services
102-114 Garry Street
Winnipeg, Manitoba R3C 1G1
Tel: 204-945-0776
Toll-free: 1-888-213-4754
Fax: 204-948-2625

www.gov.mb.ca/childcare

The best possible outcomes for Manitoba's children.

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Cette information existe également en français.